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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000055911 (8)

1. Corporation Name

WICKSELL ENTERPRISES, INC



Principal Place of Business

1040 BAYVIEW DRIVE SUITE 422
FT. LAUDERDALE FL 33304

Mailing Address

1040 BAYVIEW DRIVE SUITE 422
FT. LAUDERDALE FL 33304

2. Principal Place of Business

2a. Mailing Address

21 5722 S. Flamingo Rd.

26 5722 S. FLAMINGO RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 171

27 # 171

City & State

City & State

23 COOPER CITY, FL

28 COOPER CITY, FL

Zip

Country

Zip

Country

24 33330

25 US

29 33330

30 US

9. Name and Address of Current Registered Agent

MCDONALD, EDWIN D
1040 BAYVIEW DRIVE SUITE 422
FT. LAUDERDALE FL 33304

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(1)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0095, Florida Statutes.

SIGNATURE

(Signature of person to be added to, or removed from, the corporation)

(Signature of person to be added to, or removed from, the corporation)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

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STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY, ST, ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY, ST, ZIP

37. TITLE

38. NAME

39. STREET ADDRESS

40. CITY, ST, ZIP

14. I do hereby certify that the information supplied on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(5)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation, or the resident or business agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an appointment with an address.

SIGNATURE:

Eric S. Wicksell

Eric S. Wicksell P/D

3/11/96

(800) 260-4394

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)