

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000058256 (5)

1. Corporation Name

WCG, INC.



Principal Place of Business

Mailing Address

800 CO. ORLANDO AVE.  
MAITLAND FL 32751

800 CO. ORLANDO AVE.  
MAITLAND FL 32751

2. Principal Place of Business

2a. Mailing Address

21 2143 DEER HOLLOW CR.

26 2143 DEER HOLLOW CR.

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

23 LONGWOOD FLORIDA

28 LONGWOOD FLORIDA

Zip

Zip

Country

Country

24 FLORIDA

25 USA

29 32779

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WRIGHT, DAVID L  
800 CO. ORLANDO AVE.  
MAITLAND FL 32751

81 Name

DAVID L. WRIGHT

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

2143 DEER HOLLOW CR.

83

84 City

LONGWOOD

FL

85 Zip Code

32779

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*David L. Wright*

6/7/96

Signature typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
WRIGHT, DAVID L  
800 CO. ORLANDO AVE.  
MAITLAND FL 32751

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETE

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP  
PRESIDENT (P)  
DAVID L. WRIGHT  
2143 DEER HOLLOW CR.  
LONGWOOD FLORIDA 32779

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP  
DELETE

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP  
DELETE

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP  
DELETE

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP  
DELETE

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP  
DELETE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

*David L. Wright*  
DAVID L. WRIGHT

6/7/96 (407)333-9063

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)