

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Shandra B. Methman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000081811 (8)**

1. Corporation Name:
WJR ENTERPRISES, INC.



Principal Place of Business: **2690 EASTLAKE TRAIL TARPON SPRINGS FL 34689**
Mailing Address: **2690 EASTLAKE TRAIL TARPON SPRINGS FL 34689**

2. Principal Place of Business:
21 **973 Virginia Avenue**
22 **Unit 8**
23 **Palm Harbor FL**
24 **34683**

2a. Mailing Address:
26
27
28
29
30

3. Date Incorporated or Qualified: **10/23/1995**
3a. Date of Last Report:
4. FET Number: **59-3344816**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent:
**RESIDENT AGENT CORPORATION OF PINELLAS
980 TYRONE BLVD.
ST. PETERSBURG FL 33710**

81 Name: **Wayne J. Riolo**
82 Street Address (P.O. Box Number is Not Acceptable): **973 Virginia Avenue - Unit 8**
83
84 City: **Palm Harbor** FL 85 Zip Code: **34683**

11. Pursuant to the provisions of Sections 607.0602 and 607.1008, 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, Sections 607.0605, Florida Statutes.

SIGNATURE: *Wayne Riolo* **WAYNE J. RIOLO PRESIDENT** DATE: **04-13-96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	RIOLO, WAYNE	
STREET ADDRESS	2690 EASTLAKE TRAIL	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RIOLO, PATRICIA	
STREET ADDRESS	2690 EASTLAKE TRAIL	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP	V/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
15 TITLE		
16 NAME		
17 STREET ADDRESS		
18 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 TITLE		
20 NAME		
21 STREET ADDRESS		
22 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 TITLE		
24 NAME		
25 STREET ADDRESS		
26 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
27 TITLE		
28 NAME		
29 STREET ADDRESS		
30 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
35 TITLE		
36 NAME		
37 STREET ADDRESS		
38 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
39 TITLE		
40 NAME		
41 STREET ADDRESS		
42 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(b), Florida Statutes. I further certify that the information included 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an additional page with an address.

SIGNATURE: *Patricia Riolo* **PATRICIA RIOLO** DATE: **04-13-96** **813-942-0510**

CR2E034 (12/95)