

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Jul 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P 950000 90494 1. Corporation Name W.B. FLORIDA CONSULT, INC.			
Principal Place of Business 2618 SW 38th Terr CAPE CORAL, FL 33914		Mailing Address	
2. Principal Place of Business 21 2618 SW 38th Terr Suite, Apt. #, etc. 22 CAPE CORAL, FL City & State 23 33914 Zip Country LEE		2a. Mailing Address 26 1420 SE 3rd St Suite, Apt. #, etc. 27 City & State 28 CAPE CORAL, FL Zip Country LEE	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
B1 Name HEIDE BLAIR		B1 Name HEIDE BLAIR	
B2 Street Address (P.O. Box Number is Not Acceptable)		B2 Street Address (P.O. Box Number is Not Acceptable)	
B3 CAPE CORAL		B3 CAPE CORAL	
B4 City		B4 City	
FL		FL	
33990		33990	
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 HEIDE BLAIR		SIGNATURE Heide Blair	
Signature, typed or printed name of registered agent and title if applicable		Signature, typed or printed name of registered agent and title if applicable	
(NOTE: Registered Agent signature required when re-stating)		(NOTE: Registered Agent signature required when re-stating)	
DATE 6-27-97		DATE 6-27-97	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE P/S		1.1 TITLE	
1.2 NAME WOLFGANG HUETTNER		1.2 NAME	
1.3 STREET ADDRESS 24 STEINACKER RD		1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP 95183 FELITZEN, GERMANY		1.4 CITY-ST-ZIP	
2.1 TITLE VIP-T		2.1 TITLE	
2.2 NAME BURKHARD ULM		2.2 NAME	
2.3 STREET ADDRESS WIESENGRUND 16A		2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP 96558 HOFEN WART, GERMANY		2.4 CITY-ST-ZIP	
3.1 TITLE DIR		3.1 TITLE	
3.2 NAME HEIDE BLAIR		3.2 NAME	
3.3 STREET ADDRESS 1420 SE 3RD ST		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP CAPE CORAL, FL 33990		3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: W. Wolfgang Huettner		SIGNATURE: Heide Blair	
6-27-97		6-27-97	
941-772-5699		941-772-5699	

CR2E034 (9/96)