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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000032113 (8)

WELZEL ENTERPRISES, INC.

Principal Place of Business

7179 PEMBROKE ROAD PEMBROKE PINES FL 33023 Mailing Address

7179 PEMBROKE ROAD PEMBROKE PINES FL 33023-2626

FILED May 08 1997 8:00am Secretary of State

Date Incorporated or Qualified	3a. Date of Last Report

			04/08/1996		
2. Principal Place of Business 2s.	Mailing Address		4. FEI Number	Applied For	
21 2805 E. Onklas Park 26 :	DJ E. Onklas Pank 26 Same As I lace of busines pl, #, etc. Suite, Apt. #, etc.		65-065.5509	Not Applicable	
22 Blod # 420 27	▶ ··-¬		5. Cortificate of Status Desired	\$8.75 Additional Fee Required	
23 Fr. Laudendale, FL 28	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
	Zip C	Country	8. This corporation has liability for in		
24 33306 25 Brown w 29	30			Yes No	
9. Name and Address of Current Register	red Agent		10. Name and Address of New Reg	istered Agent	
SIVERIO, E 81 Name					
7179 PEMBROKE ROAD		82 Street Addres	Idress (P.O. Box Number is Not Acceptable)		
PEMBROKE PINES FL 33023					
11 12					
		84 City		FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607,0502 and 60	7.1508, Florida Statules, th	e above-named corpor	ration submits this statement for the pu	urpose of changing its registered	
11. Pursuant to the provisions of Sections 607.0502 and 60 office or registered agent, or both, in the State of Florida agent. I am familiar with, and account the obligations of,	Such change was author Section 607,0505, Florida	rized by the corporation Statutes	n's board of directors. I hereby accept	. the appointment as registored	
SIGNATURE Signature, typed or printed name or registered agent and little if applicable (NOTE: Repistered Agent signature required when religitating) DATE DATE					
12. OFFICERS AND DIRECT		13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12	
TITLE: PTSD	☐ DELETE 1	1.1 TITUE		Change Addition	
NAME WELZEL, WERER] 1	1.2 NAME WERNER	WETZEL		
STREET ADDRESS 3031 N. OCEAN BOULEVARD, #505	1	1.3 STREET ADDRESS		18	
CITY-ST-ZIP FT. LAUDERDALE FL 33308		1.4 CHY-ST-ZIP			
TITLE	DELETE 2	2.1 TITLE		☐ Change ☐ Addition C	
NAME	2	2.2 NAME		1	
STREET ADDRESS	2	2.3 STRFET ADDRESS		}	
CITY-ST-ZIP		2 4 C/TY-S1-ZIP			
TITLE	☐ DELETE 3	3 1 1HTLE		☐ Change ☐ Addition	
NAME		3.2 NAME			
STREET ADDRESS	8	3.3 STREET ADDRESS		Ì	
GHY-ST-ZIP		3.4. CITY-S1-ZIP		Change H Addition	
TITLE NAME		A.1 TITLE		L. Change L. Addition	
STREET ADDRESS		4. 2 NAME 4.3 STREET ADDRESS			
OTY-ST-ZIP		4.4 CITY-ST-ZIP		(
TITLE:		6.1 TiTLE		Change Addition	
NAME		5 2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY- ST-ZIP			
TOTLE		6.1 TOLE		Change Addition	
NAME		6.2 NAME		•	
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP	[] {	6.4 CITY-S1-ZIP			
14. I do hereby certify that the information supplied with this	s filling does not qualify for	the exemption stated in	n 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 of changed, or on an attachment with an address.					