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 # P96000060064 (8)

WEGMANN REAL ESTATE CORPORATION

												
Principal Place of Business Mailing Address								n immerimus tem smielk Mieres mittige mitte Mort	AL MINISTER MAINT	Bailt Abilt A	ARIF CIDI	i (EB)
13901 LURAY ROAD FORT LAUDERDALE FL 33330				13801 LURAY ROAD FORT LAUDERDALE FL 33330-3636								
w								3. Date Incorporated or Qualified 07/17/1996	3a. D.	ate of Last	Repor	rt
2. Principal Place of Business				2a. Mailing Address				4. FEI Number Applied For				d For
21				26				45-048391_3 Not Applicab				plicable
Suite, Apt #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required				
City & State				City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Z _i p Country			Zip Cou			intry	 	8. This corporation has liability for				
24				29 30								
9. Name and Address of Current			Registe					10. Name and Address of New Registered Agent				
WE	gmann, marnet	TE				81	Name					
13901 LURAY ROAD FORT LAUDERDALE FL 33330						82	Street Add	Street Address (P.O. Box Number is Not Acceptable)				· · · · · · · · · · · · · · · · · · ·
ror	11 DAUDERDALE	FL 33330				83				***************************************		
						84	City		FL	85 Zı	p Code	B
11. Pursuant	to the provisions of	Sections 607.0502	and 607	7.1508, Florida Stati	utes, the a	boye	e-named cor	poration submits this statement for the p	HILLOGO O	f changing	its reς	gistered
agent. I a	egistered agent, or i im familiar with, and	oom, in the State o accept the obligat	ins of,	a. Such change was Section 607.0505, F	s authorize Florida Stai	d by tutes	y the corpora s.	tion's board of directors. I hereby acce	of the app	iointment a	as regis	stered
SIGNATURE	5 gnature typed or printed	name of reactored about	and title of	nordinable (Av	OTE: Beautore			red when reinstating)				
12.	E gradue Appealed practice	OFFICERS AND			13.	o Age	aur aithrernie tede	ADDITIONS/CHANGES TO OFFICE	DATE SERS AND	DIRECTO	IAI SOC	12
TITLE	D		EXT IE. Q	DELETE	1.1 0	TLE		ADDITIONAL OF THE OF THE	LITO FILE	Change		Addition
NAME	WEGMANN, MA	RNETTE			1 2 N		ì					,
STREET ADDRESS 13901 LURAY ROAD			13 STREET ADDR				ADDRESS					
CITY-S1-ZIP	FORT LAUDERI				1		ST-ZIP					
TITLE				DELETE	2.1 Tr) - E14		 -	Change	, [Addition
NAME					2.2 N							, , , , , , , , , , , , , , , , , , , ,
STREET ADORESS					1		ADDRESS					
CITY-ST-ZIP							ST - ZIP		•			
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NAME					3.2 N/							, , , , , , , , , , , , , , , , , , , ,
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CITY - ST - ZIF							ST-ZIP					
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NAME					4. 2 N	AME					•	
STREET ADORESS							ADDRESS					
CITY-ST-ZIP							it-zip					
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STREET ADDRESS							ADDRESS					
CITY - ST - ZIP												
TITLE			····	☐ DELETE	5.4 CI 6.1 TI		1-41			Change	, 	Addition
NAME					6.2 N/		. [m cumilie		, Addition
STREET ADDRESS							ADDRESS					
- · · · · · · · · · · · · · · · · · · ·					■ 0,3 \$1	11.5.1	UNDUFOO					

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:

C-TY-ST-ZIP

FILED

Apr 17 1997 8:00am

Secretary of State