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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000080263 (2)

WESENBERG PROPERTIES, INC.

## FILED

Jan 16 1997 8:00am Secretary of State



	of Business	Mailing Addre	ess			I INDIIDDI IIS ISIID GIIII SCIIL DEIK GOKI			
1808 S.E. 34TH LANE OCALA FL 34471			1808 S.E. 34TH LANE OCALA FL 34471-6750						
00,01,12,01,1		00.2				3. Date Incorporated or Qualified 09/27/1996	3a. Date	of Last R	eport
2. Principal Plac	ce of Business	2a. Mailing Ad	idress			4. FEI Number	1		plied For
n		26						<del></del>	t Applicabl
Suite. Apt. #,	etc.	Suite, Apt	#, etc						Additional
2		27				5. Certificate of Status Desired		Fee Re	
City & State		City & Sta	le			6. Election Campaign Financing		\$5.00	May Be
3		28				Trust Fund Contribution		Added t	
Zip	Country	Zip		Country		8. This corporation has liability for in			199.032,
4	25	29		30			Yes 🗌		
	9. Name and Address of Cui	rrent Registered Ager	1t			10. Name and Address of New Reg	gistered Ag	ent	
	IARD, LAWRENCE Y ESQ.			81	Name				
	BEACHLAND BLVD.			82	Street Add	dress (P.O. Box Number is Not Acceptable	le)		
VERO	BEACH FL 32964-3406			L_					
				83		•			
				84	City			<b>85</b> Zip (	Code
				**	Ony		FL		5050
SIGNATURE SI	gnature hyperdion brinded records registered	d agent and title if a powable.	(NOTE	E Registered Age	nt signature req	uired when reinstating)	DATE		
2.	OFFICERS	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC			
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vAME	WESENBERG, KENNETH								
				1.2 NAME					
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 I do hereby certify hat the information, information indicated on this annual I am an officer or director of the conappears in Block 12 or Block 13 in We have fring does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that he receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name on an attachment with an address.

SIGNATURE:

SIGNATURE AND 1 YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-97

352-640-6/3 Daytime Phone #