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

FILED

May 02 1997 8:00am

Secretary of State

DOCUMENT # P96000081509 (7)

WENVEST, INC.

Principal Place of Business Mailing Address					I TORALOPA DED 18840 DIALI DOLLI BRULL B	PÄAK BERON NOODA AKBON BANN OR	
S401 KIRKMAN ROAD SUITE 725 ORLANDO FL 32819		5401 KIRKMAN ROAD SUITE 725 ORLANDO FL 32819-7912					
					3. Date Incorporated or Qualified 10/01/1996	h/a	
–	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt. #, etc.		Suite. Apt. #, etc.		59-3403164		Vot Applicable	
22		27		5. Certificate of Status Desired		Additional Required	
City & State		City & State		6. Election Campaign Financing	\$5.0	0 May Be	
23		28			Trust Fund Contribution	P*****	d to Fees
Zip	Country	Zφ	Country		8. This corporation has liability for		s. 199.032,
24	25	29	30		Florida Statutes	Yes No	
,	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New I	legistered Agent	
	TIB, RASHID		0,	INMINO			
	KIRKMAN ROAD		82 Street Add		dress (P.O. Box Number is Not Acceptable)		
	E 725						
UKL	ANDO FL 32819		83				
	,		84	City		FL 85 Zir	o Code
11. Pursuant t	to the provisions of Sections 607.0502	and 607 1508, Florida Statu	les, the abov	t e-named cor	rporation submits this statement for the	purpose of changing	its registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligat	f Florida. Such change was	authorized bi	the corpora	ation's board of directors. I hereby acc	ept the appointment a	is registered
_	The winds with and docept the obligation	10113 01, 0001011 001.0000, 1	ionou otatato				
SIGNATURE	Signature, typod or printed name of registered agent	and title if applicable. (NO	II: Registered Ag	nt signature requ	ulred whon reinstaling)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF		
TITLE	D	L_) DELETE	1.1 TITLE			Change	Addition
NAME	KHATIB, RASHID		1.2 NAME				
STREET ADDRESS	5401 KIRKMAN RD., SUITE 725		1,3 STREET				
CITY-ST-ZIP	ORLANDO FL 32819	DELETE	1.4 CHY-5	S1- ZIP		Change	Addition
TITLE	D TANKA		2.1 TITLE - 2.2 NAME			L. Change	L Rodition
NAME DEDUCED ADDRESS	KHOURI, ZAHI W 5401 KIRKMAN RD., SUITE 725		2.3 \$18EE	ADDOCCO.			
STREET ADDRESS	ORLANDO FL 32819		2.4 DITY-				
CITY-ST-ZIP TITLE	D CHUMNO PL 32018	DELETE	3.1 TITLE	51 - 211"		Change	Addition
NAME	PRESSLEY, BALPH W		3.2 NAME				
STREET ADDRESS	5401 KIRKMAN HD. SUITE 725		3.3 STREE	ADDRESS			
CITY-ST-ZIP	-ORLANDO FL 32819		3.4. CITY-				
TITLE	D	DELETE	4.1 TITLE		NAME AND ASSESSMENT OF THE REPORT OF THE PARTY OF THE PAR	Change	Addition
NAME	GOOD, FRANK		4. 2 NAME				
STREET ADDRESS	5401 KIRKMAN RD., SUITE 725		4.3 STREE	ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32819		4.4 CITY-:	ST - Z/P			
TITLE	D	☐ DELETE	51 TIME			☐ Change	Addition
NAME	HORNICK, FRANK		5.2 NAME				
STREET ADDRESS	5401 KIRKMAN RD., SUITE 725			ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32819	I Ni FTF	5 4 CITY - :	31 - ZIP			haldin-
TITLE	D	☐ DELETE	6 1 THLF			Change	Addition
NAME	HODGE, RANDALL		6.2 NAME	LOSS CO.			
STREET ADDRESS	5401 KIRKMAN RD., SUITE 725		6 3 STREE				
14. I do heret	ORLANDO FL 32819	with this filing does not oue	64 CITY-:		ed in Section 119.07(3)(i), Florida Statu	ites. I further certify the	at the
informatio	on indicated on this annual report or su	pplemental annual report is he receiver or trustee empor on an attachment with an ac	true and acc wered to exe	urate and the cute this repo	at my signature shall have the same le ort as required by Chapter 607, Florida	gal effect as if made u a Statutes; and that my	under oath; that y name