SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000004941 (5)

WG PUBLISHING CORP.

1998

Princ	ipal Place of Business
10471	STONEBRIDGE BLVD.
BOÇA	RATON FL 33498

SIGNATURE:

Mailing Address

SIGNATURE REQUIRE

10471 STONEBRIDGE BLVD.

BOCA RATON FL 33498

FILED Jul 22 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1997

2. Principal F	Principal Place of Business			2a. Mailing Address					4. FEI Number Applied Fo			
21			26	26					64-0724244 Not Ap			
Suite, Apt.	, Apt. #, etc.		Suite,	Suite, Apt. #, etc.				SR 75 Additional				
22			27	27					5. Certificate of Status Desired	Fee F	Required	
City & Sta	te	City 8	y & State					6. Election Campaign Financing	\$5.00	May Be		
23			28]	26					Trust Fund Contribution		to Fees	
Zip		Country	Zıp		Cour	itry	The section of the part the sample your					
24	25 29 30					Personal Property Tax due June 30. Yes] No		
9. Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent				
WACHTEL, EDWIN						81	Name					
10471 STÖNEBRIDGE BLVD.					82 Street Address (P.O. Box Number is Not Acceptable)							
BOCA RATON FL 33498					on our residence (1.0. Don residence)							
					ſ	83						
					-							
					ļ	84 City FL 85 Zip Code						
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	Signature, typed	or printed name of registered age	nt and title if applicab	le. (NO	TE: Registere	ed Ap	ent slonature re-	oulred	d when reinstating) DATE			
12.	•		D DIRECTOR		13.			1	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12	
TITLE	PD			DELETE	1.1 TITU	.E				Change	Addition	
NAME	WACHTE	L, EDWIN			1,2 NAM	ΛF				[one igo	ridoition	
STREET ADDRESS	(5	ONEBRIDGE BLVD.					DDRESS				İ	
CITY-ST-ZIP		TON FL 33498			1.4 C/T		· · ·					
TITLE	STD	1101112 00100		DELETE	2.1 1111					Channe	1 4 4 4 10	
NAME		ein, Sheldon		LJUELEIE	2.2 NAA		1			L Change	Li Addition	
STREET ADDRESS		ONEBRIDGE BLVD.					DDRESS					
CITY-ST-ZIP		TON FL 33498			2.4 CIT		- 1					
TITLE	DODATA	1011 1 E 00100		DELETE	3.1 TITL		ZIF			Oharra		
NAME	1			L_J DECETE	3.2 NAM					L Change	Addition	
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CITY-ST-ZIP TITLE	 			<u> </u>	4.4 CIT		UP _			<u> </u>		
	1			DELETE	5.1 TITL		}			Change	Addition	
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CITY-ST-ZIP					5.4 CITY		ZIP					
TITLE				L_ DELETE	61 TITL		ļ			Change	Addition	
NAME	j				6.2 NAN							
STREET ADDRESS							DDRESS ([
CITY-ST-ZIP	<u> </u>				6.4 CITY							
14. I 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 eddress.												

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