

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mougham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000101200 (8)
1. Corporation Name
WBS PROPERTIES, INC.

Principal Place of Business
288-Z SMITH SUNDY ROAD
DELRAY BEACH FL 33446

Mailing Address
288-Z SMITH SUNDY ROAD
DELRAY BEACH FL 33446

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 7031 PARKLINE ROAD		26 7031 PARKLINE RD.		12/01/1997	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 LAKELAND FL		28 LAKELAND, FL		65-0797399	
24 33467		29 33467		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 PALM BEACH		30 PALM BEACH		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MOMBACH, GEOFFREY S 500 EAST BROWARD BOULEVARD SUITE 1950 FORT LAUDERDALE FL 33394				81 Name FRED BILOWIT	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83 7031 PARKLINE RD.	
				84 City LAKELAND, FL 85 Zip Code 33467	
11. Pursuant to the provisions of Sections 607.0602 and 607.1608, 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 <i>[Signature]</i> DATE 4/22/98					

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	WOLF, STEVEN	1.2 NAME	
STREET ADDRESS	288-Z SMITH SUNDY ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33446	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	BILOWIT, FRED	2.2 NAME	
STREET ADDRESS	288-Z SMITH SUNDY ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33446	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	SZMIGA, ISRAEL	3.2 NAME	
STREET ADDRESS	288-Z SMITH SUNDY ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33446	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 address.

SIGNATURE *[Signature]* DATE 4/22/98

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CR2E034 (10/97)