

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # S57463 (9)

1. Corporation Name
WSMLE ENTERPRISES INC.



Principal Place of Business: **C/O WILLIAM WOLFSON 225 W. 34TH STREET NEW YORK NY 10122**
Mailing Address: **C/O WILLIAM WOLFSON 225 W. 34TH STREET NEW YORK NY 10122**

3. Date Incorporated or Qualified: **06/03/1991**
3a. Date of Last Report: **03/27/1995**
4. FEI Number: **22-2370454**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing / Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

**WOLFSON, WILLIAM
1521 W. COPANS ROAD
POMPANO BEACH FL 33064**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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TITLE	NAME	TITLE	NAME
P	LEIBOWITZ, MORVIN 100 POST OFFICE RD. WACCABUC NY	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VPS	UDELL, EVELYN 151 BAYSIDE DR. ATLANTIC BEACH FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I do not qualify for the exemption stated in Section 119.07(3)(a), 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 a partner or trustee or a person who appears in Block 12 or Block 13, or changes, in an attachment with an address.

SIGNATURE: *[Handwritten Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Frederick A. Jalco, Controller**

CR2E034 (12/95)