


FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Apr 14 1997 8:00am Secretary of State	
DOCUMENT # \$84598					
1. Corporation Name WESCHTE PROPERTIES, INC.					
Principal Place of Business 2909 W. NEW HAVEN AVE. MELBOURNE, FL. 32904			Mailing Address 2909 W. NEW HAVEN AVE. MELBOURNE, FL. 32904		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10-03-1991	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report 2-27-1996	
22 City & State		27 City & State		4. FEI Number 59-3089912	
23 Zip		28 Zip		Applied For <input type="checkbox"/> Not Applicable	
24 Country		30 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
			81 Name JOHN R. KANCILIA, ESQUIRE		
			82 Street Address (P.O. Box Number is Not Acceptable) 1686 W HIBISCUS BOULEVARD		
			83		
			84 City Melbourne		
			85 Zip Code FL 32901		
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 provisions of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ DATE 4-2-97					
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME PRES., Director			1.2 NAME		
STREET ADDRESS JAMES A. WESCHTE			1.3 STREET ADDRESS		
CITY-ST-ZIP 916 NELSON DRIVE			1.4 CITY-ST-ZIP		
CITY-ST-ZIP MELBOURNE, FL. 32940					
TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME V.P.			2.2 NAME		
STREET ADDRESS JAMES W. WESCHTE			2.3 STREET ADDRESS		
CITY-ST-ZIP 916 NELSON DRIVE			2.4 CITY-ST-ZIP		
CITY-ST-ZIP MELBOURNE, FL. 32940					
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I do 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 stated 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: James A. Weschte			Date 4-7-97 Daytime Phone # 407-725-2336		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)