

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 12 AM 9:09

DOCUMENT # **S98791** (4)

1. Corporation Name
E.S. WAGNER COMPANY, INC.

Principal Place of Business Mailing Address
~~1890 SOUTH OCEAN DRIVE~~ ~~1890 SOUTH OCEAN DRIVE~~
~~#1505E~~ ~~#1505E~~
~~HALLANDALE FL 33009~~ ~~HALLANDALE FL 33009~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/06/1991** 3a. Date of Last Report: **02/03/1994**

4. FEI Number: **13-5592298** Applied For: Not Applicable

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 2a. Mailing Address
21 **303-90 FAIRWAY OAK DRIVE** 26 **303-90 FAIRWAY OAK DRIVE**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 **BOCA RATON FL** 28 **BOCA RATON FL**
Zip Country Zip Country
24 **33434** 25 29 **33434** 30

9. Name and Address of Current Registered Agent
SPIRER, LEON
1890 SOUTH OCEAN DRIVE
#1505E
HALLANDALE FL 33009

10. Name and Address of New Registered Agent
81 Name: **SPIRER, GLORIA**
82 Street Address (P.O. Box Number is Not Acceptable): **303-90 FAIRWAY OAK DRIVE**
83
84 City: **BOCA RATON** 85 Zip Code: **FL 33009**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIRER, LEON	1.2 NAME	OFFICER IS DECEASED
STREET ADDRESS	1890 S OCEAN DR #1505 E	1.3 STREET ADDRESS	
CITY - ST - ZIP	HALLANDALE FL	1.4 CITY - ST - ZIP	
TITLE	VSD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIRER, GLORIA	2.2 NAME	
STREET ADDRESS	1890 S OCEAN DR #1505 E	2.3 STREET ADDRESS	303-90 FAIRWAY OAK DRIVE
CITY - ST - ZIP	HALLANDALE FL	2.4 CITY - ST - ZIP	BOCA RATON, FL 33434
TITLE		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		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		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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 this 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Date: _____
Signature: _____
Typed Name: _____