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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S98791

(4)

E.S. WAGNER COMPANY, INC.

FILED
May 12 1997 8:00am
Secretary of State

Principal Plac										
202-90 FAIRW/	AY OAK DR	202-90 FAIRWAY OAK	DRIVE							
#1505E BOCA RATON	E1 99494		#1505E BOCA RATON FL 33434-3238							
US	FL 03424	US US				a Data has a second a Constitution	T- 5-		N	
	00				 Date Incorporated or Qualified 12/06/1991 		te of Last F)2/1996	report		
2. Principal Place of Business 28. Mailing Address						4. FEI Number		Ā	pplied For	
21		26	26			13-5592298 Not Applicable				
Suite, Apt.	#, etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional				
22 27						5. Certificate of Status Desired	L.	Fee R	equired	
City & State City & State						6. Election Campaign Financing	\$5.00 May Be			
23		28				Trust Fund Contribution				
Zφ	Country	Zip	Cour	ntry		8. This corporation has liability for			s. 199.032,	
24	[25]	29	30				Yes [
	g. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Re	gistered /	igent		
	RER, GLORIA			81	Name					
	-90 FAIRWAY OAK DRIVE		- -	82	Street Ado	dress (P.O. Box Number is Not Acceptab	le)			
	05E		L			fig. 5		<u> </u>		
BOO	CA RATON FL 33009			83	J					
			ļ.	84	City				<u> </u>	
				54	City		FL	85 Zip	Code	
SIGNATURE	Signature, lyped or profed name of registered	d agent and tille if applicable. (NOTE Registered	Agei	nt signature requ	uired when reinstating)	DATE			
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	RS IN 12	
TITLE	VSD	DELETE	1.1 TITL	LE				Change	Addition	
NAME	SPIRER, GLORIA	. —	1.2 NAM	ME	-	•				
STREET ADDRESS	202-90 FAIRWAY OAK DRI	VE	1.3 STR	REET	ADDRESS					
CITY+SI+ZIP	BOCA RATON FL		1.4 CIT	Y-\$1	r-ZIP					
THILE		☐ DELETE	2.1 TITL	Ł				Change	Addition	
NAME			2.2 NAN	VE.						
STREET ADDRESS			2.3 STR	EET .	ADDRESS					
CITY-ST-ZIP			2. 4 CIT	Y-S	T-ZIP					
TULE		☐ DELETE	3.1 TITL	E				Change	Addition	
NAME			32 NAN	ME						
STREET ADDRESS			3.3 STR	EET /	ADDRESS					
CFTY - ST - ZIP			3.4. C/T	Y-5	T-ZIP					
TITLE		☐ DELETE	4.1 TITU	.E				Change	Addition	
NAME			4. 2 NAJ	ME						
STREET ADDRESS			4.3 STR	EET /	address					
CITY-ST-ZIP	-		4.4 CITY	<u>Y-</u> ST	r-ZIP					
TITLE		DELETE	5.1 TITL	Æ			· · · · · · · · · · · · · · · · · · ·	Change	Addition	
NAME			5.2 NAN	ME						
STREET ADORESS			5.3 STR	EET /	address					
C(TY+ST+Z)P			5.4 CITY	Y-ST	r-zip					
TITLE		DELETE	6.1 TITL					Change	Addition	
NAME			6.2 NAM	Æ				-		
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			6.4 CITY							
	ov certify that the information supp	plied with this filing does not a				d in Section 119 07(3)(i) Florida Statutes	Liurthor	cortify that	the	

4. 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 indicated on this annual report to r supplemental 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 composition or the exemption or the composition or the exemption of the composition or the exemption of the composition of the compos

SIGNATURE:

GNATURE AND TYPED OR PRINTED JAME OF SIGNING OFFICER OR DIRECTOR

1/19/17

407-477-6483