

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

FILED  
Apr 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V06028** (7)  
1. Corporation Name  
**W.X. PROPERTIES, INC.**



Principal Place of Business <b>100 CENTURY BLVD WEST PALM BEACH FL 33417 US</b>	Mailing Address <b>100 CENTURY BLVD WEST PALM BEACH FL 33417 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/10/1992</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0328169</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>KAHANT, ELAINE 19146 LYONS PLACE BOCA RATON FL 33434</b>		10. Name and Address of New Registered Agent	
		81 Name <b>ELAINE HAUFF</b>	
		82 Street Address (P.O. Box Number is Not Acceptable) <b>SAME</b>	
		83	
		84 City <b>FL</b>	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 *Elaine Hauff* 3-11-98  
Signature, typed or printed name of registered agent and title if applicable (If Officer, Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>C</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WILENSKY, ALVIN</b>	1.2 NAME	<b>LEVY, H. IRWIN</b>
STREET ADDRESS	<b>100 CENTURY BLVD</b>	1.3 STREET ADDRESS	<b>100 CENTURY BLVD.</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	1.4 CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33417</b>
TITLE	<b>VT</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>VT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAHANT, ELAINE</b>	2.2 NAME	<b>HAUFF, ELAINE</b>
STREET ADDRESS	<b>100 CENTURY BLVD</b>	2.3 STREET ADDRESS	<b>100 CENTURY BLVD.</b>
CITY-ST-ZIP	<b>W PALM BCH FL</b>	2.4 CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33417</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLOYD, ORILLA</b>	3.2 NAME	
STREET ADDRESS	<b>100 CENTURY BLVD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DP</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BRENNER, STANLEY</b>	4.2 NAME	<b>MESHON, LOUIS SR.</b>
STREET ADDRESS	<b>100 CENTURY BLVD.</b>	4.3 STREET ADDRESS	<b>100 CENTURY BLVD.</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	4.4 CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33417</b>
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 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: *Elaine Hauff* **Elaine Hauff** 3-11-98 561-487-062

CR2E034 (10/97)