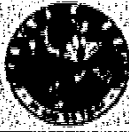


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 AM 3:07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # V16170 (5)

1. Corporation Name
WVLOP, INC.

Principal Place of Business Mailing Address
**1800 GLADES RD.
STE. 280
BOCA RATON FL 33431
US** **1800 GLADES ROAD
STE. 280
BOCA RATON FL 33431
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/24/1992** 3a. Date of Last Report: **04/22/1994**
4. FEI Number: **59-3142917** Applied For: Not Applicable
5. Certificate of Status Desired: **\$0.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent
**BERG JEFFERY T Halvorsen, Jeffrey T.
1900 GLADES RD.
STE 280
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent
81 Name: **Jeffrey T. Halvorsen**
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: **FL** 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 607.0503, Florida Statutes.

SIGNATURE: **Jeffrey T. Halvorsen** DATE: **4/14/95**
Signature, typed or printed name of registered agent, and to be applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PST	NAME: BERG, JEFFREY T.	1.1 TITLE: Halvorsen, Jeffrey T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1900 GLADES RD., STE. 280	CITY-ST-ZIP: BOCA RATON FL	1.2 NAME: Halvorsen, Jeffrey T.	
		1.3 STREET ADDRESS:	
		1.4 CITY-ST-ZIP:	
TITLE: D	NAME: BERG, JEFFREY T.	2.1 TITLE: Halvorsen, Jeffrey T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1900 GLADES ROAD, STE. 280	CITY-ST-ZIP: BOCA RATON FL	2.2 NAME:	
		2.3 STREET ADDRESS:	
		2.4 CITY-ST-ZIP:	
TITLE:	NAME:	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		3.2 NAME:	
CITY-ST-ZIP:		3.3 STREET ADDRESS:	
		3.4 CITY-ST-ZIP:	
TITLE:	NAME:	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		4.2 NAME:	
CITY-ST-ZIP:		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		5.2 NAME:	
CITY-ST-ZIP:		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		6.2 NAME:	
CITY-ST-ZIP:		6.3 STREET ADDRESS:	
		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)(4), 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 applicable, or on an attachment with an address.

SIGNATURE: **Jeffrey T. Halvorsen** DATE: **4/14/95** 407-367-9200
Signature, typed or printed name of signing officer or director Daytime Phone #