


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

FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V16170 (5)

1. Corporation Name
WWRLP, INC.



Principal Place of Business 1900 GLADES RD. STE. 260 BOCA RATON FL 33431 US	Mailing Address 1900 GLADES ROAD STE. 260 BOCA RATON FL 33431-7333 US
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3. Date Incorporated or Qualified 02/24/1992	3a. Date of Last Report 04/18/1996
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2. Principal Place of Business 21 33 SE 4th Street Suite, Apt #, etc. 22 Suite 100 City, State 23 BOCA RATON, FL. Zip 24 33432	2a. Mailing Address 25 33 SE 4th Street Suite, Apt #, etc. 27 Suite 100 City, State 28 BOCA RATON, FL. Zip 29 33432	Country 25 PALM BEACH Country 30 PALM BEACH
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4. FEI Number 59-3142917	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 HALVORSEN, JEFFREY T 1900 GLADES RD. STE 260 BOCA RATON FL 33431	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 33 SE 4th Street 83 Suite 100 84 City BOCA RATON 85 Zip Code FL 33432
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PST	<input type="checkbox"/> DELETE	1.1 TITLE Change	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HALVORSEN, JEFFREY T		1.2 NAME	
STREET ADDRESS 1900 GLADES RD., STE. 260		1.3 STREET ADDRESS 33 SE 4th Street, Ste 100	
CITY-ST-ZIP BOCA RATON FL		1.4 CITY-ST-ZIP BOCA RATON, FL. 33432	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE Change	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HALVORSEN, JEFFREY T		2.2 NAME	
STREET ADDRESS 1900 GLADES ROAD, STE. 260		2.3 STREET ADDRESS 33 SE 4th Street, Ste 100	
CITY-ST-ZIP BOCA RATON FL		2.4 CITY-ST-ZIP BOCA RATON, FL. 33432	
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 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:  **Jeffrey Halvorsen** Date: **4/15/97** Daytime Phone #: **561-367-9200**

CR2E034 (9/96)