FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # V28921 (7)

1. Corporation Name
WENGAYE, INC.

Principal Place of Business	Mailing Address
1046 BRIELLE AVE OVIEDO FL 32765	1046 BRIELLE AVE OVIEDO FL 32765

2443 MYAKKA DR

2. Principal Place of Business
21 [redacted] LAKE FO... (crossed out)
Suite, Apt. #, etc.
22 [redacted]
City & State
23 ORLANDO, FL.
Zip 24 32839 Country 25 U.S.A.

2a. Mailing Address
26 2443 MYAKKA DR.
Suite, Apt. #, etc.
27 [redacted]
City & State
28 ORLANDO, FL
Zip 29 32839 Country 30 U.S.A.

3. Date Incorporated or Qualified: 04/08/1992
3a. Date of Last Report: 04/19/1995
4. FEI Number: 59-3114835 ☐ 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

9. Name and Address of Current Registered Agent

WENSEL, HARRIET
1046 BRIELLE AVE
SUITE 100
OVIEDO FL 32765

10. Name and Address of New Registered Agent

81 Name: LASCELLES DENNIS GAYE
82 Street Address (P.O. Box Number is Not Acceptable): 1948 LAKE FOUNTAIN DR.
83 APT. 423
84 City: ORLANDO FL 85 Zip Code: 32809

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 L. D. Gaye DATE 6.7.96
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	GAYE, LASCELLES DENN	
STREET ADDRESS	1948 LAKE FOUNTAIN DR #423	
CITY-ST-ZIP	ORLANDO FL	
TITLE	STD	☒ DELETE
NAME	WENSEL, HARRIET	
STREET ADDRESS	1046 BRIELLE AVE	
CITY-ST-ZIP	OVIEDO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	100001869521	☐ Change ☐ Addition
6.2 NAME	-06/20/96--01044--019	
6.3 STREET ADDRESS	***225.00	
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 119.07(3)(k), 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: L. D. Gaye — 5.10.96 — 407-342-8909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LASCELLES DENNIS GAYE — CS 6/19/96