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Apr 30 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morlham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V61658 (3)

1. Corporation Name  
W. G. APPLGATE, INC.



Principal Place of Business 7785 PIPER LANE LAKE WORTH FL 33463 US	Mailing Address 7785 PIPER LANE LAKE WORTH FL 33463-8070 US
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3. Date Incorporated or Qualified 09/03/1992	3a. Date of Last Report 11/04/1996
4. FEI Number 65-0357027	Applied For Not Applicable
5. Certificate of Status Desired <input 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 type="checkbox"/> Yes <input type="checkbox"/> 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
24. Country	29. Country

9. Name and Address of Current Registered Agent  
APPLGATE, WILLIAM G  
7785 PIPER LN  
LAKE WORTH FL 33463

10. Name and Address of New Registered Agent
11. Name
12. Street Address (P.O. Box Number is Not Acceptable)
13. City
14. State (FL) Zip Code (85)

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Signature, typed or printed name of registered agent and fee if applicable) (NOTE: Fee for agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	11. NAME
NAME	12. STREET ADDRESS
STREET ADDRESS	13. CITY - ST - ZIP
CITY - ST - ZIP	14. TITLE
	15. NAME
	16. STREET ADDRESS
	17. CITY - ST - ZIP
	18. TITLE
	19. NAME
	20. STREET ADDRESS
	21. CITY - ST - ZIP
	22. TITLE
	23. NAME
	24. STREET ADDRESS
	25. CITY - ST - ZIP
	26. TITLE
	27. NAME
	28. STREET ADDRESS
	29. CITY - ST - ZIP
	30. TITLE
	31. NAME
	32. STREET ADDRESS
	33. CITY - ST - ZIP
	34. TITLE
	35. NAME
	36. STREET ADDRESS
	37. CITY - ST - ZIP
	38. TITLE
	39. NAME
	40. STREET ADDRESS
	41. CITY - ST - ZIP
	42. TITLE
	43. NAME
	44. STREET ADDRESS
	45. CITY - ST - ZIP
	46. TITLE
	47. NAME
	48. STREET ADDRESS
	49. CITY - ST - ZIP
	50. TITLE
	51. NAME
	52. STREET ADDRESS
	53. CITY - ST - ZIP
	54. TITLE
	55. NAME
	56. STREET ADDRESS
	57. CITY - ST - ZIP
	58. TITLE
	59. NAME
	60. STREET ADDRESS
	61. CITY - ST - ZIP
	62. TITLE
	63. NAME
	64. STREET ADDRESS
	65. CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. NAME	12. STREET ADDRESS
12. STREET ADDRESS	13. CITY - ST - ZIP
13. CITY - ST - ZIP	14. TITLE
14. TITLE	15. NAME
15. NAME	16. STREET ADDRESS
16. STREET ADDRESS	17. CITY - ST - ZIP
17. CITY - ST - ZIP	18. TITLE
18. TITLE	19. NAME
19. NAME	20. STREET ADDRESS
20. STREET ADDRESS	21. CITY - ST - ZIP
21. CITY - ST - ZIP	22. TITLE
22. TITLE	23. NAME
23. NAME	24. STREET ADDRESS
24. STREET ADDRESS	25. CITY - ST - ZIP
25. CITY - ST - ZIP	26. TITLE
26. TITLE	27. NAME
27. NAME	28. STREET ADDRESS
28. STREET ADDRESS	29. CITY - ST - ZIP
29. CITY - ST - ZIP	30. TITLE
30. TITLE	31. NAME
31. NAME	32. STREET ADDRESS
32. STREET ADDRESS	33. CITY - ST - ZIP
33. CITY - ST - ZIP	34. TITLE
34. TITLE	35. NAME
35. NAME	36. STREET ADDRESS
36. STREET ADDRESS	37. CITY - ST - ZIP
37. CITY - ST - ZIP	38. TITLE
38. TITLE	39. NAME
39. NAME	40. STREET ADDRESS
40. STREET ADDRESS	41. CITY - ST - ZIP
41. CITY - ST - ZIP	42. TITLE
42. TITLE	43. NAME
43. NAME	44. STREET ADDRESS
44. STREET ADDRESS	45. CITY - ST - ZIP
45. CITY - ST - ZIP	46. TITLE
46. TITLE	47. NAME
47. NAME	48. STREET ADDRESS
48. STREET ADDRESS	49. CITY - ST - ZIP
49. CITY - ST - ZIP	50. TITLE
50. TITLE	51. NAME
51. NAME	52. STREET ADDRESS
52. STREET ADDRESS	53. CITY - ST - ZIP
53. CITY - ST - ZIP	54. TITLE
54. TITLE	55. NAME
55. NAME	56. STREET ADDRESS
56. STREET ADDRESS	57. CITY - ST - ZIP
57. CITY - ST - ZIP	58. TITLE
58. TITLE	59. NAME
59. NAME	60. STREET ADDRESS
60. STREET ADDRESS	61. CITY - ST - ZIP
61. CITY - ST - ZIP	62. TITLE
62. TITLE	63. NAME
63. NAME	64. STREET ADDRESS
64. STREET ADDRESS	65. 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, and an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 4/23/97  
(Signature, typed or printed name of signing officer or director) (Daytime Phone: 561 967-2950)

CR2E034 (9/96)