SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **V68484** **(7)**

1. Corporation Name
WESTERN ENTERTAINMENT DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
1513 SAN MARCO BLVD. JACKSONVILLE FL 32207	1513 SAN MARCO BLVD. JACKSONVILLE FL 32207

3. Date Incorporated or Qualified: 10/05/1992
3a. Date of Last Report: 05/01/1995

21 2. Principal Place of Business	3101 S.W. 34TH AV	26 2a. Mailing Address	
22 Suite, Apt. #, etc.	SUITE 905-278	27 Suite, Apt. #, etc.	SAME
23 City & State	OCALA FL	28 City & State	
24 Zip / 25 Country	34474 / USA	29 Zip / 30 Country	

4. FEI Number: 59-3158924 ☐ 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

CAPITAL CONNECTION, INC.
417 EAST VIRGINIA STREET
SUITE 1
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of individual with authority to sign on behalf of corporation (if applicable) (NOTE: Registered Agent signature required when filing this report)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE ✓	D	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	WOLFSON, GARY		12 NAME	
STREET ADDRESS	1513 SAN MARCO BLVD.		13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		14 CITY-ST-ZIP	
TITLE	D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	LEVY, ISAAC L		22 NAME	
STREET ADDRESS	1513 SAN MARCO BLVD.		23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		24 CITY-ST-ZIP	
TITLE	D	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	ROSENTHAL, SAMUEL G		32 NAME	
STREET ADDRESS	1513 SAN MARCO BLVD.		33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		34 CITY-ST-ZIP	
TITLE	D	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	BRUNER, JACK		42 NAME	
STREET ADDRESS	1513 SAN MARCO BLVD.		43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		44 CITY-ST-ZIP	
TITLE	D	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	BONGIOVI, JOSEPH		52 NAME	
STREET ADDRESS	1513 SAN MARCO BLVD.		53 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		54 CITY-ST-ZIP	
TITLE	D	☒ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	ASH, LARRY P		62 NAME	100001922681
STREET ADDRESS	1513 SAN MARCO BLVD.		63 STREET ADDRESS	-08/15/96--01005--006
CITY-ST-ZIP	JACKSONVILLE FL		64 CITY-ST-ZIP	***1125.00

8/15

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gary L. Wolfson GARY L. WOLFSON 6/30/96 3526294404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)

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