

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000057102 (3)
1. Corporation Name

WHIRLING DERVISH ENTERPRISES, INC.



Principal Place of Business: **413 S. 1ST ST. SUITE 402 JACKSONVILLE BEACH FL 32250-6708 US**
Mailing Address: **P.O. BOX 50682 JACKSONVILLE FL 32440-0683 US**

2. Principal Place of Business
21 Suite Apt #, etc.
22 City & State
23 Zip Country
24
2a. Mailing Address
26 Suite, Apt #, etc.
27 City & State
28 Zip Country
29 30

3. Date Incorporated or Qualified: **08/02/1994**
3a. Date of Last Report: **04/27/1995**
4. FEI Number: **59-3260536**
5. Certificates of Status Desired: Applied For Not Applicable
\$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. 193.032 Florida Statutes: Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**BUGG, SHERWOOD L
413 S. 1ST ST.
JACKSONVILLE BEACH FL 32250**

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE: _____ DATE: _____
OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11. TITLE	Change
	PD BUGG, SHERWOOD L 413 S. 1ST ST. JACKSONVILLE BEACH FL	11.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	VSTD BUGG, PAT R 413 S. 1ST ST. JACKSONVILLE BEACH FL	11.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		11.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		11.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		11.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		11.6 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		11.7 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		11.8 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		11.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		11.10 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		11.11 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		11.12 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		11.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		11.14 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		11.15 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		11.16 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		11.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		11.18 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		11.19 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		11.20 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 in change or on an attachment with address.

SIGNATURE: Sherwood L Bugg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SHERWOOD L. BUGG

4-25-96 90X-247-80X2

CR2E034 (12/95)