


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.)

FILED

97 MAY -1 AM 11:03

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 190331
 1. Corporation Name
 Wilson, Miller, Barton & Peek, Inc.

Principal Place of Business Mailing Address
 3200 Bailey Lane, Suite 200 Same
 Naples, FL 34105

400002168494--5
 -05/06/97--01136--007
 ***173.75 ***173.75

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-0761871	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country

3. Date Incorporated or Qualified 1/19/56	3a. Date of Last Report 5/1/96
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
 Gary L. Danca
 3200 Bailey Lane, Suite 200
 Naples, FL 34105

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	GD William L. Barton
STREET ADDRESS		1.3 STREET ADDRESS	605 Palm Circle East
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Naples, FL 33940
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	PD Thomas R. Peek
STREET ADDRESS		2.3 STREET ADDRESS	90 East Ave.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Naples, FL 33963
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Clifford H. Schneider
STREET ADDRESS		3.3 STREET ADDRESS	234 Tupelo Road
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Naples, FL 33963
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	John E. Boutwell
STREET ADDRESS		4.3 STREET ADDRESS	4760 13th Ave. S.W.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Naples, FL 33999
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	STD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Gary L. Danca
STREET ADDRESS		5.3 STREET ADDRESS	4145 Pine Ridge Road Ext.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Naples, FL 33999
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Fermin A. Diaz
STREET ADDRESS		6.3 STREET ADDRESS	5186 12th Ave. S.W.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Naples, FL 33999

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 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. Danca GARY L. DANCA 4/29/97 1041647, 1041648

CR2E034 (3/96)