

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**May 13 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F96000006762 (6)
1. Corporation Name
WILDE CONSTRUCTION, INC.



Principal Place of Business: PO BOX 70 SHEVLIN MN 56676
Mailing Address: PO BOX 70 SHEVLIN MN 56676

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|-----------------|---------------------|---------------------|-----------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | Highway #2 East | 26 | 3155 N.W. 77th Ave. | 12/24/1996 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| | | | | 41-1239102 | |
| 22. City & State | | 27. City & State | | 5. Certificate of Status Desired | |
| 23. Shevlin, MN | | 28. Miami, FL | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24. Zip 56676 | | 29. Zip 33122 | | 6. Election Campaign Financing Trust Fund Contribution | |
| Country | | Country | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | |
| | | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | | | | | |
|------------------------------------------------------------------------------|--|--|--|--------------------------------------------------------|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|------------------|--------------------------------------------|--|-------------------------------------------------------|---------------------|--------------------------------------------|----------------------------------------------|
| TITLE | D | <input checked="" type="checkbox"/> DELETE | | 1.1 TITLE | Vice President | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | WILDE, VIRGIL M | | | 1.2 NAME | Ismael Perera | | |
| STREET ADDRESS | HWY 2 E. | | | 1.3 STREET ADDRESS | 3155 NW 77th Ave. | | |
| CITY-ST-ZIP | SHEVLIN MN 56676 | | | 1.4 CITY-ST-ZIP | Miami FL 33122 | | |
| TITLE | P | <input checked="" type="checkbox"/> DELETE | | 2.1 TITLE | Director | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | WILDE, WAYNE M | | | 2.2 NAME | Jorge Mas | | |
| STREET ADDRESS | HWY 2 E. | | | 2.3 STREET ADDRESS | 3155 N.W. 77th Ave. | | |
| CITY-ST-ZIP | SHEVLIN MN 56676 | | | 2.4 CITY-ST-ZIP | Miami; FL 33122 | | |
| TITLE | V | <input type="checkbox"/> DELETE | | 3.1 TITLE | Resident | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | WILDE, JAMES W | | | 3.2 NAME | | | |
| STREET ADDRESS | HWY 2 E. | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | SHEVLIN MN 56676 | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | ST | <input checked="" type="checkbox"/> DELETE | | 4.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | WILDE, DANIEL B | | | 4.2 NAME | | | |
| STREET ADDRESS | HWY 2 E. | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | SHEVLIN MN 56676 | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | CEO | <input checked="" type="checkbox"/> DELETE | | 5.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | ERICKSON, JOHN E | | | 5.2 NAME | | | |
| STREET ADDRESS | HWY 2 E. | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | SHEVLIN MN 56676 | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | Corporate Secretary | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | | | | 6.2 NAME | Nancy J Damon | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | 3155 NW 77th Ave. | | |
| CITY-ST-ZIP | | | | 6.4 CITY-ST-ZIP | Miami FL 33122 | | |

14. I 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; that I am 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, on an attachment with an address.

CR2E034 (10/97)