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Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H02464 (6)
1. Corporation Name
WIL. DOR. INC.



Principal Place of Business 208 BROOKFIELD DRIVE P.O. BOX 700 KNIGHTDALE NC 27545 US	Mailing Address P.O. BOX 700 1820 SOUTH MAIN STREET KNIGHTDALE NC 27545-0700 US
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2. Principal Place of Business 21 7408 SIEMENS DR Suite, Apt. #, etc. 22 City & State 23 WENDELL NC Zip 24 27591 Country 25 USA	2a. Mailing Address 26 7408 SIEMENS DR Suite, Apt. #, etc. 27 City & State 28 WENDELL NC Zip 29 27591 Country 30 USA	3. Date Incorporated or Qualified 05/07/1984 3a. Date of Last Report 04/22/1996 4. FEI Number 59-2415287 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
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9. Name and Address of Current Registered Agent MCDONALD, THOMAS R CPA 91551 OVERSEAS HWY TAVERNIER FL 33070	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 reappointing) DATE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY - ST - ZIP CD SILER, WM. R. 91551 OVERSEAS HWY TAVERNIER FL [] DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP [] Change [] Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP D SILER, DOROTHY J. 9151 OVERSEAS HWY TAVERNIER FL [] DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP [] Change [] Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP PD SILER, DALE P. N/A RALEIGH NC [] DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP [] Change [] Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP STD HOLDEN, MONIKA N/A KNIGHTDALE NC [] DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP [] Change [] Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP [] DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP [] Change [] Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP [] DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP [] Change [] Addition

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, or on an attachment with an address.

SIGNATURE: Monika Holden MONIKA HOLDEN 3/26/97 919-365-0381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)