

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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 7408 SIEMENS DR 1820 SOUTH MAIN STREET WENDELL NC 27591 US	Mailing Address 7408 SIEMENS DR 1820 SOUTH MAIN STREET WENDELL NC 27591 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7408 SIEMENS DR. Suite, Apt #, etc.	2a. Mailing Address 26 7408 SIEMENS DR Suite, Apt #, etc.	3. Date Incorporated or Qualified 05/07/1984	4. FEI Number 59-2415287	Applied For <input type="checkbox"/> Not Applicable
22 City & State WENDELL NC	27 City & State WENDELL NC	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
24 Zip 27591	25 Country WAKE	29 Zip 27591	30 Country WAKE	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

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	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 _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SILER, DOROTHY J. 9151 OVERSEAS HWY TAVERNIER FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SILER, DALE P. N/A RALEIGH NC	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HOLDEN, MONIKA N/A KNIGHTDALE NC	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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* 4/16/98 919 365-0381

CR2E034 (10/97)