

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

1995 AUG -3 AM 9:18

TALLAHASSEE, FLORIDA

DOCUMENT # **L22380** (4)

1. Corporation Name
W.I.K., INC.

Principal Place of Business

Mailing Address

8164 C THAMES BLVD
 8159-D SEVERN DR
 BOCA RATON FL 33433
 US

8164 C THAMES BLVD
 8159-D SEVERN DR
 BOCA RATON FL 33433
 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
10/05/1989

3a. Date of Last Report
08/04/1994

2. Principal Place of Business

2a. Mailing Address

21 **WIK, INC**

26 **WIK, INC**

4. FEI Number
65-0159017

Applied For
 Not Applicable

22 Suite, Apt. #, etc.
8164 C THAMES BLVD

27 Suite, Apt. #, etc.
8164 C THAMES BLVD

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State
BOCA RATON FL

28 City & State
BOCA RATON FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip Country
33433 P.D

29 Zip Country
33433 P.B

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOMASELLI, GREGORY
8159-D SEVERN DR
BOCA RATON FL 33433

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	TOMASELLI, GREGORY J	8159-D SEVERN DR	BOCA RATON FL
TVS	TOMASELLI, SUSAN J	8159-D SEVERN DR	BOCA RATON FL

1	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
1		TOMASELLI, GREGORY J	8164 C THAMES BLVD		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2			8164 C THAMES BLVD		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3					<input type="checkbox"/>	<input type="checkbox"/>
4					<input type="checkbox"/>	<input type="checkbox"/>
5					<input type="checkbox"/>	<input type="checkbox"/>
6					<input type="checkbox"/>	<input type="checkbox"/>
7					<input type="checkbox"/>	<input type="checkbox"/>
8					<input type="checkbox"/>	<input type="checkbox"/>
9					<input type="checkbox"/>	<input type="checkbox"/>
10					<input type="checkbox"/>	<input type="checkbox"/>

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 110.07(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 if changed, or on an attachment with an address.

SIGNATURE **Tomaselli, Susan J. Tomaselli** 7/12/95 4674825089

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)