

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
May 01 1996 8:00 am  
Secretary of State

**DOCUMENT # P95000047820 (2)**

1. Corporation Name  
**WILD BILL'S MANAGEMENT, INC.**



Principal Place of Business Mailing Address  
~~6355 METRO WEST BLVD~~ ~~6355 METRO WEST BLVD~~  
~~SUITE 446~~ ~~SUITE 446~~  
~~ORLANDO FL 32835~~ ~~ORLANDO FL 32835~~

3. Date Incorporated or Qualified **06/19/1995** 3a. Date of Last Report  
4. FEI Number **59-3323029** 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

2. Principal Place of Business 2a. Mailing Address  
21 **8445 International Drive** 26 **200 S. Orange Ave.**  
22 Suite, Apt. #, etc. **#138** 27 **Suite 2300**  
23 City & State **Orlando FL** 28 **Orlando, FL**  
24 Zip **32819** 25 Country **U.S.A.** 29 Zip **32801-3432** 30 Country

9. Name and Address of Current Registered Agent  
~~THE PRENTICE HALL CORPORATION SYSTEM, INC.~~  
~~1201 HAYS STREET~~  
~~SUITE 405~~  
~~TALLAHASSEE FL 32301~~

10. Name and Address of New Registered Agent  
81 Name **A.G.C. Co.**  
82 Street Address (P.O. Box Number is Not Acceptable) **200 S. Orange Ave.**  
83 **Suite 2300**  
84 City **Orlando** FL 85 Zip Code **32801-3432**

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 **A.G.C. Co.**  
By: **Thomas Ball, Vice President** DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>O'RIORDAN, GERARD</b>	
STREET ADDRESS	<b>6355 METRO WEST BLVD., SUITE 445</b>	
CITY - ST - ZIP	<b>ORLANDO FL 32835</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P/S/T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>O'Riordan, Gerard</b>	
1.3 STREET ADDRESS	<b>8445 International Dr., #138</b>	
1.4 CITY - ST - ZIP	<b>Orlando, FL 32819</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	<b>20000180872?</b>	
4.4 CITY - ST - ZIP	<b>-05/06/96--01028--002</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	<b>***208.75</b>	
5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Gerard O'Riordan** Date: **4-17-96** Daytime Phone #: **407/299-4800**

CR2E034 (12/95)

5-1-96