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May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000009443 (0)

1. Corporation Name

"WILSON BUILDERS AND CONTRACTORS INCORPORATED"



Principal Place of Business

Mailing Address

542 SABAL TRAIL CIR.
LONGWOOD FL 32779

542 SABAL TRAIL CIR.
LONGWOOD FL 32779-6128

2. Principal Place of Business

2a. Mailing Address

21 4000 TOWERSIDE TER

26 4000 TOWERSIDE TER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 2105

27 SUITE 2105

City & State

City & State

23 MIAMI FL.

28 MIAMI FL.

Zip

Country

Zip

Country

24 33138

25 USA

29 33138

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/07/1994

3a. Date of Last Report

01/25/1996

4. FEI Number

59-3223122

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

KAFKA, DONALD L
542 SABAL TRAIL CIR.
LONGWOOD FL 32779

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4000 TOWERSIDE TERRACE

83 SUITE 2105

84 City MIAMI

FL

85 Zip Code 33138

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 ☐ DELETE
NAME D
STREET ADDRESS KAFKA, DONALD L
CITY-ST-ZIP 542 SABAL TRAIL CIR.
LONGWOOD FL 32779

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 4000 TOWERSIDE TER
1.4 CITY-ST-ZIP SUITE 2105 MIAMI FL 33138

TITLE ☐ DELETE
NAME D
STREET ADDRESS KAFKA, WILMA
CITY-ST-ZIP 542 SABAL TRAIL CIR.
LONGWOOD FL 32779

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 4000 TOWERSIDE TER
2.4 CITY-ST-ZIP SUITE 2105 MIAMI FL 33138

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)