

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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90008 046 ***158.75

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # V61697
 1. Corporation Name
HOG WILD CORP. OF FORT LAUDERDALE

| | |
|--|--|
| Principal Place of Business 4215 N. FEDERAL HIGHWAY FORT LAUDERDALE FL 33308 | Mailing Address 4215 N. FEDERAL HIGHWAY FORT LAUDERDALE FL 33308 |
|--|--|



DO NOT WRITE IN THIS SPACE

| | | | | |
|---|-------------------------|---|---------------------------------------|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 09/03/1992 | 4. FEI Number 65-0362980 | Applied For <input type="checkbox"/> Not Applicable |
| 22. Suite, Apt. #, etc. | 27. Suite, Apt. #, etc. | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required | |
| 23. City & State | 28. City & State | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 24. Zip | 29. Country | 30. Zip | 31. Country | |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | | |

9. Name and Address of Current Registered Agent
WORSENA, RHONDA
10750 WASHINGTON STREET
#104
PEMBROKE PINES FL 33025

10. Name and Address of New Registered Agent
 81 Name **RHONDA WORSENA**
 82 Street Address (P.O. Box Number is Not Acceptable)
779 NW 151 ST AVENUE
 83
 84 City **PEMBROKE PINES FL** 85 Zip Code **33028**

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] DATE **4/7/99**

(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | VP <input type="checkbox"/> DELETE | 1.1 TITLE | PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WORSENA, RHONDA | 1.2 NAME | RHONDA WORSENA |
| STREET ADDRESS | 10750 WASHINGTON ST. | 1.3 STREET ADDRESS | 779 NW. 151 ST AVENUE |
| CITY-ST-ZIP | PEMBROKE PINES FL 33025 | 1.4 CITY-ST-ZIP | PEMBROKE PINES FL 33028 |
| TITLE | PRESID <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** Change Addition

1.2 NAME **RHONDA WORSENA**

1.3 STREET ADDRESS **779 NW. 151 ST AVENUE**

1.4 CITY-ST-ZIP **PEMBROKE PINES FL 33028**

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: [Signature] DATE: **4/7/99** DAYTIME PHONE #: **984-566-6661**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0289638

CR2F034 (11/98)