

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

FILED

Feb 13 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 # 391150

(0)

1. Corporation Name
WIRECO, INC.

Principal Place of Business

236 SPIRIT LAKE RD W
DROP PO BOX 825
WINTER HAVEN FL 33880
US

Mailing Address

236 SPIRIT LAKE RD W
DROP PO BOX 825
WINTER HAVEN FL 33880-1169
US

3. Date Incorporated or Qualified
11/10/1971

3a. Date of Last Report
04/23/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NICHOLSON, JOHN T.
2180 BELAIRE DRIVE
WINTER HAVEN FL 33880

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
100 EL CAMINO DR. # 209

83

84

City WINTER HAVEN,

FL

85

Zip Code 33884

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	P	<input type="checkbox"/> DELETE
NAME	NICHOLSON, R E	
STREET ADDRESS	225 AVENUE "K" N.E.	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NICHOLSON, CAROL A.	
STREET ADDRESS	2180 BELAIRE DRIVE	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	NICHOLSON, JOHN T.	
STREET ADDRESS	2180 BELAIRE DRIVE	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	JOHN T. NICHOLSON	
13 STREET ADDRESS	100 EL CAMINO DR. #209	
14 CITY - ST - ZIP	WINTER HAVEN, FL 33884	
21 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS	100 EL CAMINO DR. #209	
24 CITY - ST - ZIP	WINTER HAVEN, FL 33884	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
31 TITLE	S	
32 NAME	MICHAEL A. BISSETT	
33 STREET ADDRESS	1824 NOTTINGHAM	
34 CITY - ST - ZIP	WINTER HAVEN, FL 33880	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 if changed, or on an attachment with a address.

SIGNATURE:

John T. Nicholson
JOHN T. NICHOLSON

2-10-97

941 293 3565

Date

Daytime Phone #

CR2E034 (9/96)