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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #
1. Corporation Name

(8)

LARRY L. WILSON, INC.



Principal Place of	Business	Mailing Address							
	30RO BLVD. #1 & 2	3467 W. HILLSBORO BLVD. #1 8 2 DEERFIELD BCH FL 33442							
DEERFIELD BCH FL 33442		DEEMFIELD BOH FL 33442			3. Date Incorporated or Qualified				
Principal Place	of Rusiness	2a. Mailing Address				4. FEI Number	l ··		Applied For
	5 OF BOSINESS	26				59-1681266			Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required
Cat. 8 Chata		City & State				6. Election Campaign Financing		\$5.0	00 May Be
City & State		28				Trust Fund Contribution			ed to Fees
Zıp	Country	Ζιρ	Count	ry		8. This corporation has liability for	intangible ta:	x under s	s 199.032,
	25	29	30			10. Name and Address of New F	No No	loont	··
	9. Name and Address of Curre	ent Registered Agent		1 Na	me	10. Name and Address of New F	legistered A	190111	
			ľ				-, -		
WILSON,	LARRY		82 Street Ad		reet Addr	ddress (P.O. Box Number is Not Acceptable)			
	HILLSBORO BLVD. #1 & 2		8	3					
DEERMEL	.D BCH. FL 33442			34 Cı	ty		FL	85	Zip Code
						ation submits this statement for the pure of directors. Thereby accept the app			intered of
2.	OFFICERS A	NO DIRECTORS	13.			ADDITIONS/CHANGES TO OF		DIRECT	
	grature, typed or printed name of registered agr		(¥OT): Birgistareo A	pent sign	ature require	ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECT	FORS IN 12
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certify that the information indicated on this contact 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 contration of the previewer 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 charging or on a state of the recommendation of the previous contration of the

SIGNATURE:

NO TYPED OF WINTED NAME OF SIGNING OFFICER OR DIRECTOR