

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

DOCUMENT # 651460 (8)

1. Corporation Name

CHARLES W. WILDNER, INC.



Principal Place of Business

4219 PIERCE STREET
HOLLYWOOD FL 33021

Mailing Address

4219 PIERCE STREET
HOLLYWOOD FL 33021

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

25

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
11/16/1979

3a. Date of Last Report
03/03/1995

4. FEI Number
59-1952826

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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, title, company name, and address

Signature, typed or printed name, title, company name, and address

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P WILDNER, CHARLES W. DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP
4219 PIERCE ST.
HOLLYWOOD FL

TITLE S WILDNER, JEAN C. DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP
4219 PIERCE ST.
HOLLYWOOD FL

TITLE DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/96

305-962-4130

Date

Telephone

CR2E034 (12/95)