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May 19 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 # 685927 (6)

1. Corporation Name
WILD OAK PLANTATION, INC.

Principal Place of Business
111 W 50TH STREET
NEW YORK NY 10020

Mailing Address
111 W 50TH STREET
NEW YORK NY 10020-1202

3. Date Incorporated or Qualified 08/29/1980
3a. Date of Last Report 04/29/1996

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country
24 25 28 30

4. FEI Number 13-3038102
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.1508, 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 reinstalling) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	GILMAN, HOWARD	1.2 NAME	
STREET ADDRESS	111 W 50TH ST	1.3 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK, NY 0	1.4 CITY- ST- ZIP	
TITLE	V	2.1 TITLE	
NAME	PALLEN, MICHAEL	2.2 NAME	
STREET ADDRESS	1000 OSBORNE ST	2.3 STREET ADDRESS	
CITY- ST- ZIP	ST MARYS GA	2.4 CITY- ST- ZIP	
TITLE	AS	3.1 TITLE	
NAME	SORRENTINO, DOMINICK	3.2 NAME	
STREET ADDRESS	1000 OSBORNE ST	3.3 STREET ADDRESS	
CITY- ST- ZIP	ST. MARYS GA	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 if changed, or on an attachment with an address.

SIGNATURE: DOMINICK SORRENTINO DOMINICK SORRENTINO 04/17/97 (912) 882-0402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone # 0008088

CR2E034 (9/96)