

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **686516** (6)
1. Corporation Name
WYNDEMER SERVICES, INC.

Principal Place of Business
**98 WYNDEMERE WAY
NAPLES FL 33999-4208**

Mailing Address
**98 WYNDEMERE WAY
NAPLES FL 33999-4208**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/01/1980	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
27 Suite, Apt. #, etc.	28 City & State	29 Zip	30 Country	31	32
9. Name and Address of Current Registered Agent MALONEY, THOMAS E C/O QUARRELS & BRADY 4501 TAMiami TR. N. NAPLES FL 33940-0060				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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 reinstating)		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	1.1 TITLE		Change Addition	
NAME	MUSIELLO, FRANK	1.2 NAME			
STREET ADDRESS	98 WYNDEMERE WAY	1.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 00000	1.4 CITY-ST-ZIP			
TITLE	S	2.1 TITLE		Change Addition	
NAME	MURPHY, LAURA	2.2 NAME			
STREET ADDRESS	98 WYNDEMERE WAY	2.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 33999	2.4 CITY-ST-ZIP			
TITLE	PTD	3.1 TITLE		Change Addition	
NAME	VIGGIANI, A.J.	3.2 NAME			
STREET ADDRESS	98 WYNDEMERE WAY	3.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 00000	3.4 CITY-ST-ZIP			
TITLE		4.1 TITLE		Change Addition	
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE		5.1 TITLE		Change Addition	
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE		6.1 TITLE		Change Addition	
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		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.

SIGNATURE: *A.J. Viggiani, President* 5/1/98 (641) 434-8282

CR2E034 (10/97)