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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 695332 (7)

1. Corporation Name

WILD FANTASY DESIGNS, INC.

Principal Place of Business

11030 WILES RD.  
CORAL SPGS. FL 33076

Mailing Address

11030 WILES RD.  
CORAL SPGS. FL 33076



3. Date Incorporated or Qualified  
07/13/1981

3a. Date of Last Report  
05/01/1995

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

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AARON, SUSAN  
5851 HOLMBERG RD. #121  
PARKLAND FL 33067

81 Name SUSAN GALLART  
82 Street Address (P.O. Box Number is Not Acceptable)  
7505 NW 4th PLACE #207  
83  
84 City Margate FL 85 Zip Code 33063

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

Susan Gallart

SUSAN GALLART

4/25/96

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	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
VS	FREEDMAN, JESSICA	5851 HOLMBERG RD. #121	PARKLAND FL	<input checked="" type="checkbox"/>
PT	AARON, SUSAN B.	5851 HOLMBERG RD. #121	PARKLAND FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
VICE PRES / SEC.	WILFRED GALLART	7505 NW 4th PL #207	MARGATE FLA 33063	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PRES. / TREAS.	SUSAN B. GALLART	7505 NW 4th PL. #207	MARGATE FLA 33063	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Susan B. Gallart

SUSAN B. GALLART

4/25/96

954-755-5999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)