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PROFIT CORPORATION [ANNUAL REPORT.]

1998



FLORIDA DEPARTMENT OF STATE

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Jan 27 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F35884

(8)

WICKHAM ROAD ESTATES, INC.

Principal Place of Business Mailing Address 6285 OLD MEDINAH CIRLCE 6285 OLD MEDINAH CIRCLE C/O WESTBROOKE C/O WESTBROOKE DO NOT WRITE IN THIS SPACE LAKE WORTH FL 33467 LAKE WORTH FL 33467 3. Date incorporated or Qualified HS 05/21/1981 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For Not Applicable 59-2778223 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 25 30 Personal Property Tax due June 30. 24 29 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name STONE, ROBERT SR. 6285 OLD MEDINAH CIRCLE Street Address (P.O. Box Number Is Not Acceptable) LAKEWORTH FL 33467 83 84 Zip Code City 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed pame of registered agent and title if applicable, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. Addition DELETE Change 1.1 TITLE TITLE WEHMEYER, HORST 1.2 NAME STREET ADDRESS **ELBINGER WEG 20** 1.3 STREET ADDRESS 4 DUSSELDORF 80 W.G. 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE STONE, ROBERT 2.2 NAME NAME 6285 OLD MEDINAH CIRCLE 2.3 STREET ADDRESS STREET ADDRESS LAKE WORTH FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE SD WOLLNY, RAINER M. 3.2 NAME **UNTERSTAAT 45** 3.3 STREET ADDRESS STREET ADORESS WEST GERMANY 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE TD 4.1 TITLE NAME SCHAGEN, FRITZ 4. 2 NAME STREET ADDRESS WASSERWERKSWEG 14A 4.3 STREET ADDRESS WITTALAER, W. GERMANY CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE ___ Change Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ... Change Addition Addition ■ DELETE TITLE 6.1 TITLE 6.2 NAME 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 filling 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 of the reserve 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 or the statute of the corporation of the reserve or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in