


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

FILED  
May 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # F80336 (3)</b>		
1. Corporation Name <b>WILSON PROGRAMING, INC.</b>		



Principal Place of Business <b>5327 WILLOW CRY LANE RALEIGH NC 27613</b>	Mailing Address <b>5327 WILLOW CRY LANE RALEIGH NC 27613</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>5778 NW 50 DR</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>5778 NW 50 DR</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>05/07/1982</b>	
22 City & State 23 <b>CORAL SPRINGS, FL</b>		27 City & State 28 <b>CORAL SPRINGS, FL</b>		4. FEI Number <b>59-2194978</b> Applied For <input type="checkbox"/> Not Applicable	
24 <b>33067</b> 25 <b>USA</b>		29 <b>33067</b> 30 <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
9. Name and Address of Current Registered Agent <b>MCCARTHY, ROBERT 4750 N.W. 58 TERRACE CORAL SPRINGS FL 33067-2125</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
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.		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>MCCARTHY, ROBERT 4750 N.W. 58 TERRACE CORAL SPRINGS FL 33067-2125</b>		10. Name and Address of New Registered Agent 81 Name <b>MARTHA L. WILSON</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>5778 NW 50 DR</b> 83 84 City <b>CORAL SPRINGS</b> FL 85 Zip Code <b>33067</b>	
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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 <i>Martha L. Wilson</i> <b>MARTHA L. WILSON</b>	DATE <b>4/21/98</b>

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD WILSON, MARTHA L 5327 WILLOW CRY LANE RALEIGH NC 27613</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PD WILSON, MARTHA L 5778 NW 50 DR CORAL SPRINGS, FL 33067</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 <i>Martha L. Wilson</i> <b>MARTHA L. WILSON</b> <b>4/21/98</b>	

CR2E034 (10/97)