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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9300000054 (7)

WHEELAN ENTERPRISES, INC.

Mailing Address Principal Place of Business 2770 INDIAN RIVER BLVD., SUITE 501 2770 INDIAN RIVER BLVD., SUITE 501 VERO BEACH FL 32960-4278 VERO BEACH FL 32960 3. Date Incorporated or Qualified 3a. Date of Last Report 12/30/1992 04/16/1996 2. Principal Piace of Business 2a. Mailing Address 4. FEI Number Applied For 11-2229096 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zιρ Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes X No 29 30 Florida Statutes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name STEWART, WILLIAM J ESQ. 3355 OCEAN DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FL 32963 83 84 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Styred ire, typed or peritisa reme of registerad agent and title if applicable (NOTE: Registered Agent signature required when reinstating 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) Addition DELETE Change THE 11 TITLE CRIMI, MICHAEL J NAME 1.2 NAME 2770 INDIAN RIVER BLVD., SUITE 501 1.3 STREET ADDRESS STREET ADDRESS **VERO BEACH FL 32960** 1.4 CITY-ST-ZIP CRY-ST-7/2 STD DELETE Change Addition THILE 2.1 TITLE CRIMI, PATRICIA W 22 NAME NAME 2770 INDIAN RIVER BLVD., SUITE 501 2 3 STREET ADDRESS STREET ADDRESS VERO BEACH FL 32960 2 4 CITY-ST-ZIP DELETE Change Addition TIT: F 31 TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY - \$1 - ZIP DELETE Change Addition THEF 41 TITLE NAME 4 2 NAME STREET ADDRESS 43 STREET ADDRESS CHY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 51 TITLE NAME 52 NAME STREET ADDRESS **53 STREET ADDRESS** CHTY - S1 - ZIP 54 CITY-ST-ZIP DELETE Change Addition TILE 6.1 TITLE NAME 6.2 NAME

SIGNATURE:

appears in Block

14. I do hereby certify that the information information indicated on this annual fam an officer or director of the course.

12 or Block

STREET ADDRESS

City - St - ZiP

Michael J. Crim

6.3 STREET ADDRESS

filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the lal annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that for trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

64 CITY-ST-ZIP

562-7708

FILED

Apr 04 1997 8:00am

Secretary of State