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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

199₈

F95000005827 (9) DOCUMENT #

WICKES ASSET MANAGEMENT, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

23

24

Ζiρ

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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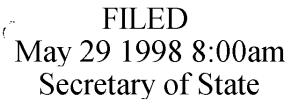
27

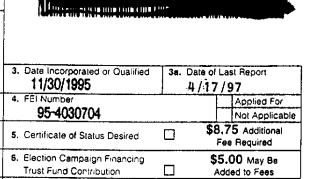
28

701 MCCULLOUGH DR. CHARLOTTE NC 28262

P.O. BOX 32665

CHARLOTTE NC 28232-2665





Zip Code

Country 25	Zip 29	30 Cou			This corporation has li Florida Statutes	ability for intangible tax under s. 199	r s. 199.032		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
THE PRENTICE HALL CORPO	PRATION SYSTEM, INC.		81	Name					
1201 HAYS STREET SUITE 10 5			82	Street Address (P.O. Box Number is Not Acceptable)					
Tallaha ss ee FL 32301			83						
			F		 				

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.

-5									
SIGNATURE	Signature, typed or printed name of registered agent and offerif a	onicable (NOTE	Registered Agent signature	required when reinstating)	(TE				
12.	OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	VPTD	OELETE	1.1 TITLE	VPD	Change	Addition			
NAME	STEPP, MICHAEL J.		1,2 NAME	,,,,					
STREET ADDRESS	701 MCCULLOUGH DR.		1.3 STREET ADDRESS						
CITY-ST-ZIP	CHARLOTTE NC 28262		1.4 CITY - ST - ZIP						
TITLE	SAVP	DELETE	2.1 TITLE		Change	Addition			
NAME	orgájn, john b IV		22 NAME						
STREET AODRESS	701 MCCULLOUGH DR.		2 3 STREET ACCRESS			i			
CITY-ST-ZIP	CHARLOTTE NC 28262		2. 4 CITY-ST-ZIP						
TITLE	AT	X DELETÉ	3.1 TITLE	AT	Change	X Addition			
NAME	Johnson, Robert L Jr		3.2 NAME	Mahedy, Dennis A.					
STREET ADDRESS	701 MCCULLOUGH DR.		3.3 STREET ADDRESS	701 McCullough Drive					
CITY-ST-ZIP	CHARLOTTE NC 28262		3.4. CITY - ST - ZIP	Charlotte, NC 28262					
TITLE	AS	DELETE	4 1 TITLE		Change	Addition			
NAME	white, Eugene A.		4. 2 NAME						
STREET ADDRESS	701 MCCULLOUGH DR.		4.3 STREET ADDRESS						
CITY-ST-ZIP	CHARLOTTE NC 28262		4.4 CITY - ST - ZIP						
TITLE	AS	DELETE	5.1 TITLE		☐ Change	'ddition			
NAME	Br ig man, John A.		5 2 NAME	500002541					
STREET ADDRESS	701 McCullough Drive		5 3 STREET ADDRESS	-06/01/9801032	009				
CITY-ST-ZIP	Charlotte, NC 28262		5.4 CITY-ST-ZIP	***150.00					
TITLE	AS	DELETE	6 1 TITLE	AS	Change	Addition			
NAME	MURCHISON, BRADLEY D.		62 NAME	Gask, Sheila		10/10			
STREET ADDRESS	701 MCCULLOUGH DR.		6 3 STREET ADDRESS	701 McCullough Drive		1. 0/4			
0714 67 710	CHARLOTTE NC 28262		C L CUTH CT 710	Charlotte NC 28262		, '			

I do 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 eath; 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.