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PROFIT CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9600000066 (8)
RICHARD WONDER & ASSOCIATES, INC.

FILED Apr 21 1997 8:00am Secretary of State



Principal Place	e of Business	Mailina Adding					7811 751 55 66	FB @1010 MOD1 1001
•	LAS BLVD #282	_	Mailing Address 2400 E. LAS OLAS BLVD., #282					
FT LAUDERDAL	LE FL 33301	FT LAUDERDAL						
						3. Date Incorporated or Qualified 01/03/1996	3a. Date of L	ast Report
2. Principal Pl	ace of Business	2a. Mailing Add	dress			4. FEI Number		Applied For
21		26	26			40.0000540		Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt.	#, etc.			5. Certificate of Status Desired		75 Additional
22		27					F6	e Required
City & State	3	City & State	3			6. Election Campaign Financing		.00 May Be
Zip	Country	28 Zip		Country		Trust Fund Contribution 8. This corporation has liability for in		ded to Fees
24]	25	29	3	0		· · · · · · · · · · · · · · · · · · ·	ntangible tax un Yes 🔲 No	Jel S. 199.032,
	9. Name and Address of Cu			<u> </u>		10. Name and Address of New Reg		
WOI	NDER, RICHARD			81	Name			
	DE. LAS OLAS BLVD., #282	·		82	Ctrool Add	Irong (D.O. Roy Number in Not Assentab	(a)	
	AUDERDALE FL 33301			62	SHEEL ADD	lress (P.O. Box Number is Not Acceptab	10)	
				83			······································	
**				64	City		7551	Zio Codo
		,		64	City		FL 85	Zip Code
11. Pursuant t	to the provisions of Sections 607	0502 and 607.1508, Flor	rida Statutes	the above	-named corp	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of chang	ing its registered
	egistered agent, or both, in the s	state of Florida, Such cha	ange was au	morized by da Statutes	tne corpora	tion's board of directors, I hereby accep	t the appointme	nt as registered
agent. I a	m tamiliar with, and accept the c	obligations of Section 60.	7.0505. Flori		i.			
	m tamiliar with, and accept the c	obligations of, Section 60.	7.0505, Flori	do otototot				
SIGNATURE	m familiar with, and accept the c Signature, typod or printed name of registers					ired when reinstating)	DATE	
SIGNATURE .	Signature, typod or printed name of registers OFFICERS	ed agent and tille if applicable.	(NOTE: I				DATE ERS AND DIREC	
SIGNATURE	Signature, typed or pointed name of registers OFFICERS	ed agent and tille if applicable.		Registered Age		ired when reinstating)	DATE	
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Information indicated our ris annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under of Lam 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 17 or Block 13 if changed, or on an attachment with an address.