PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700003680

1. Corporation Name

WILTON LAKELAND G.P. CORP.

Principal P ace of Business	Mailing Address
11022 SANTA MONICA BLVD., STE. 450	11022 SANTA MONICA BLVD.

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90202 046 ***158.75



		11022 SANTA MONICA LOS ANGELES CA 900	Santa Monica Blvd., Ste. 450 NGELES CA 90025				DO NOT WRI	ITE IN TI	IS SF	ACE	
						3. Date Inc. 07/15/	orporated or Qualifed				
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Nun	nber			P	Aprilied For
21		26	26			95-4 637785			1	Not Applicable	
Suite, Act. #	t, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5 Cortiford	te of Status Desired	•	:	\$8.75	A iditional
22		27	27			a. Geraica	ie Oi Granna Deallea	X		Fee F	Required
City & State	1	City & State	City & State			· · ·					0 May Be
Zip	Cour try	Zip	Cou	ntry		This corporation owes the current ye Persor al Property Tax.		rent year	ear ntangible		⊠ No
24							ind Address of New I	Register			- 25,10
	9. Name and Address of Curr	eni Registered Agent		81	Name		III Address of New	register	u Ag		
CTC	CORPORATION SYSTEM			"	Name						
1200 SOUTH PINE ISLAND ROAD				82	Street Acc	fress (P.O. Bo)	Number is Not Accept	able)			
PLAN	TATION FL 33324			83							
				84	City			F	L	85 Zip	C ode
office or re	o the provisions of S∈ctions 607.0 egistered agent, or bo.h, in the Sta n familiar with, and accept the obli	te of Florida. Such change w	/as ::uthorized	by ti	named cor he corporat	poration submi s ion's board of di	this statement for the rectors. I hereby acce	purpose pt the ap	cointm cointm	inging i ent as i	ts registered reg stered
SIGNATURE								DATE			
	Signature, typed or printed na ne of registered a		(NOT : Registered	Agent	signature requii	red when reinstating)	NS/CHANGES TO OF			ÖIRECT	TOE'S IN 12
12.		ANI: DIRECTORS		n =		ADDITIO	N3/OTANGES TO OT	TIOLICO		Change	
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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 outlify 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 attactument with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR DANTED NAME OF SIGNING OFFICER OR DIRECTOR

(310)