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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9700005955

WILDWOOD & HOLT, INC.

Principal Place of Business
12800 YARDLEY DRIVE

Mailing Address

FILED Feb 10, 1999 8:00am Secretary of State

02-10-1999 90024 014 ***150.00



12800 YARDLEY DRIVE BOCA RATON FL 33428		12800 YARDLEY DRIVE BOCA RATON FL 33428			DO NOT WRITE	E IN THIS SPACE	
					3. Date incorporated or Qualifed 11/10/1997	IN THIS ST ACE	
- Di i i Di C Di -		2a. Mailing Address			4. FEI Number		opplied For
					13-3617212	h	lot Applicable
21	2	Suite, Apt. #, etc.				\$8.75	Additional
Suite, Apt. #, etc.	2	7			5. Certificate of Status Desired	Fee F	Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution		May Be I to Fees
Zip Country Zip			Country 30		8. This corporation owes the current year Intangible Personal Property Tax.		
	nd Address of Current Re	<u> </u>	-		10. Name and Address of New Re	egistered Agent	
3, (4ame c	ind riddings of Carrotte		81	Name			
MAGALETTI, ROBERT 12800 YARDLEY DR.			82	Street Add	ress (P.O. Box Number is Not Acceptat	ole)	
BOCA RATON F			83				
			84	'	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FL 85 Zip	Code
agent. I am familiar with	ons of Sections 607.0502 an nt, or both, in the State of Fl n, and accept the obligations				poration submits this statement for the poor's board of directors. I hereby accept	ourpose of changing in the appointment as	ts registered registered
SIGNATURE Signature, typed of	r printed name of registered agent and	title if applicable. (NOTE:	Registered Age	ent signature require	ed when reinstating) ±•	DATE	
12.	OFFICERS AND D		13.		ADDITIONS/CHANGES TO OFF		
TITLE P		☐ DELETE	1.1 TITLE		经 複對 数据	☐ Change	e 🗀 Addition
NAME MAGALET	ti, robert		1.2 NAME				Ì
1	RDLEY DRIVE		1.3 STREE	T ADDRESS			
CITY-ST-ZIP BOCA RAT			1.4 CITY-5	ST-ZIP			<u></u>
TITLE	<u> </u>	☐ DELETE	2.1 TITLE			☐ Chang	e 🗌 Addition
NAME			2.2 NAME			•	
STREET ADDRESS				ET ADDRESS	•		
			2. 4 CITY-				,
CITY-ST-ZIP		☐ DELETE	3.1 TITLE	UT-ZIT		☐ Chang	e 🔲 Addition
TITLE			3.2 NAME		•		
NAME				ET ADDRESS		ويد سنسوني	6 to 15 1 25 25
STREET ADDRESS							
CITY-ST-ZIP		☐ DELETE	3.4. CITY- 4.1 TITLE	\$1-ZIP	125-14-32-14-1-2-3	Chang	e Addition
TITLE .				.			—
NAME			4. 2 NAME				_
STREET ADDRESS .				ET ADDRESS			
CITY-ST-ZIP		☐ DELETE	4.4 CITY- 5.1 TITLE	51-ZIP		Chang	e
TITLE		☐ AETE IE	5.1 TITLE 5.2 NAME				
NAME				ET ADDRESS	*	•	
STREET ADDRESS			5.3 STRE	1			,
CITY-ST-ZIP			6.1 TITLE			Chang	e 🔲 Addition
TITLE		☐ DELETE					
NAME			6.2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			6.4 CITY-	ST-ZIP			

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, with all other like empowered.

SIGNATURE:

SMATURE AND TYPED OR PRIVILED NAME OF SIGNING OFFICER OR DIRECTOR

1/72/99 56/-470-0570 Date Daytime Phone # :R2E034 (11/98)