

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

FILED  
Apr 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # J00810

(8)

1. Corporation Name

WILES MENSCH CORPORATION

Principal Place of Business

Mailing Address

330 S. ORANGE AVE  
SARASOTA FL 34236  
US

C/O JOHN C. DENT, JR.  
P.O. BOX 3269  
SARASOTA FL 34230-3269  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 11860 Sunrise Valley Dr		26 C/O JOHN C. DENT, JR.		02/24/1986		04/11/1996	
22 Suite 200		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 Reston VA		28 City & State		54-1349506		Not Applicable	
24 20191		29 U.S.A.		5. Certificate of Status Desired		58.75 Additional Fee Required	
25 U.S.A.		30		6. Election Campaign Financing		5.00 May Be Added to Fees	
26 U.S.A.		31		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DENT, JOHN C., JR. 330 SOUTH ORANGE AVE SARASOTA FL 34236				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	WILES, W. ANTHONY	<input checked="" type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ST	RYAN, VERONICA	<input type="checkbox"/> DELETE	1.2 NAME			
STREET ADDRESS	V	MENSCH, JOSEPH P	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS			
CITY-ST-ZIP				1.4 CITY-ST-ZIP			
				2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				2.2 NAME			
				2.3 STREET ADDRESS			
				2.4 CITY-ST-ZIP			
				3.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
				3.2 NAME			
				3.3 STREET ADDRESS			
				3.4 CITY-ST-ZIP			
				4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				4.2 NAME			
				4.3 STREET ADDRESS			
				4.4 CITY-ST-ZIP			
				5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				5.2 NAME			
				5.3 STREET ADDRESS			
				5.4 CITY-ST-ZIP			
				6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				6.2 NAME			
				6.3 STREET ADDRESS			
				6.4 CITY-ST-ZIP			

14. 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 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.

SIGNATURE:

*[Signature]*

4/3/97

003/391-7600

CR2E034 (9/96)