FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

| | 1996 | DIVISION OF | CORPORATIONS | | |
|---|--|--|--|---|---|
| . Corpora | UMENT # J09(WIDER'S GROUP, INC. | 641 (8) | | | |
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| rincipal Pla | ace of Business | Mailing Address | | I | |
| 2645 W N | JARION AVENUE | 2645 W MARION AVEN | 1 I F | | |
| #612 DINTA C | ORDA FL 33950 | #612 | | | |
| · OITIN O | OHDA FE SUSSO | PUNTA GORDA FL 339 | 50 | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| Principal | l Place of Business | 2a. Mailing Address | | 04/16/1986 4. FEI Number | 01/26/1995 |
| | | 26 | | 59-2660236 | Applied For Not Applicable |
| Suite, Ar | pt. #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| City & St | tate | 27 City & State | | | Fee Required |
| | | 28 | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zipi | Country | Zip | Country | 8. This corporation has liability for i | ntangible tax under s 199,032, |
| | 25 9. Name and Address of C | 29 29 Agent | 30 | Florida Statutes Yes | |
| | | - Togotolog Magonic | 81 Name | 10. Name and Address of New R | egistered Agent |
| OAKS | G, DAVID K. | | 82 Street Add | dress (P.O. Box Number is Not Acceptab | la) |
| | VEST MARION AVENUE | | | or book in the board and the property of the book in the board in the | |
| PUNT | A GORDA FL 33950 | | 83 | | |
| | | | 84 City | | FL 85 Zip Code |
| | | 0600 and 602 1600 finish but a | | | |
| or regis familiar | it to the provisions of Sections 607, stered agent, or both, in the State of with, and accept the obligations of, : | .0502 and 607.1508, Florida Statute Florida. Such change was authorize , Section 607.0505, Florida Statutes. | s, the above named corporation's bo | oration submits this statement for the purp ard of directors. I hereby accept the appo | pose of changing its registered offici pose of changing its registered offici position in the position of the |
| or regis familiar NATURF | Signature, Isperdion trimined swin confrequence | d agent and little if applicable (NOT | E. Registered Agent signature require | red wher reinstating) | pose of changing its registered offic pintment as registered agent. I am |
| NATURF | Signature, is port or tructed many of registers OFFICERS | d agent and little if any liteable (NOT S AND DIRECTORS | E Registered Agent signature require | | pose of changing its registered officintment as registered agent. I am DATE CERS AND DIRECTORS IN 12 |
| or regis familiar NATURE | Signature, is part or annulad own collegisteria OFFICER: PD | d agent and little if applicable (NOT | E. Registered Agent signature require | red wher reinstating) | pose of changing its registered officintment as registered agent. I am |
| NATURE | Standars, Island or multiple drawn a of registeria OFFICER: PD SIMMONS, GEORGE A. 2645 W MARION AVE, # | Jegent and tribert applicable (NOT S AND DIRECTORS DELETE | E Registered Agent signature ruque 13. 1 1 TITLE | red wher reinstating) | pose of changing its registered officintment as registered agent. I am DATE CERS AND DIRECTORS IN 12 |
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1. For party certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 of prector 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:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96 941-639-009

CR2E034 (12/95)