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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name J11047 (4)

WILCOSYSTEMS, INC.

FILED Jan 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						E LEGISHE BIRK HIDDI FIRM BERHI DIDII ARDA DIDII DIDII DIDIA DIDII DIDII DIDII DIDII ADDI			
2260 8 FROM MELBOURNE				2260 S FRONT ST 402 MELBOURNE FL 32901				DO NOT WRITE IN THIS SPACE	
								3. Date Incorporated or Qualified	
2. Principal Place of Business								04/24/1986	
2. Principal Pl	lace of Busine	SS	2a	. Mailing Address				4. FEI Number Applied For	
21			26					59-2662654 Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired	
City & State			26	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country			Zip Coun			ı	8. This corporation owes or has paid the current year Intangible	
24	25			30				Personal Property Tax due June 30. Yes X No	
9. Name and Address of Current			nt Regis				Nema	10. Name and Address of New Registered Agent	
	ittmer, dal					81	Name		
	o s outh ai Elbourne f	Pollo Blvd. Fl 32901				82	Street Add	dress (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 agen; and title if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE									
12.	Signature, typed of	OFFICERS A	·		13.	u nga	ant signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	3,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		DELETE	1.170	TLE		Change Addition	
NAME		RD, LINDA C.			1.2 N	AME			
STREET ADDRESS	ARRA O FROME OT 100			1.3 \$		ree1	ADDRESS		
CITY-ST-ZIP	MELBOU	IRNE FL			1.4 0	IY-S	T-ZIP		
TITLE	VST			DELETE	2.1 7	TLE		Change Addition	
NAME	WILLIFORD, ROBERT J. 2260 S FRONT ST 402			2. 2.					
STREET ADDRESS							ADDRESS		
CITY-ST-ZIP	MELBOU	IRNE FL			2.40	ITY-5	ST-ZIP		
TITLE				☐ DELETE	3.1 70	TLE		Change Addition	
NAME					3.2 N	AME			
STREET ADDRESS					3.3 \$	TREE 1	ADDRESS		
CITY-ST-ZIP					_		S1- ZIP		
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NAME					4, 21				
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CITY-\$1-ZIP		****		Drurer	_		11 - ŽIP	Change Addition	
TITLE				☐ DELETE	5.1 T			Criting Roundin	
NAME					5.2 N		ADOBECO		
STREET ADDRESS					1		ADORESS		
CITY-ST-ZIP TITLE				DELETE	5.4 C 6.1 Tr		I-ZIP	Change Addition	
				- been	6.2 N			Sand Stronger (2) (1)	
NAME CAREET ADDRESS							ADDRESS		
STREET ADDRESS							T-ZIP		
CITY-ST-ZIP	ertify that the	information supplied	with this	filing does not qualify	for the ex-	amn	tion stated in	in Section 119.07(3)(i), Florida Statutes. I further certify that the information	
Indicated	on this annua	I report or supplemen	ital arinua	al report is true and ac	curate an	d tha	at my signat	ture shall have the same legal effect as if made under oath; that I am an	

indicated on this annual report or supplicmental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a 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.

Ida (11/Al Jan A)