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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

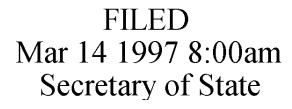
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J11381

Principal Place of Business

WL & HM, INC.

Mailing Address





8402 LEMON RD. PORT RICHEY FL 34668		2031 GULFVIEW DRIVE HOLIDAY FL 34691-9725					
					3. Date Incorporated or Qualified 04/28/1986	3a. Date of Last Report 03/26/1996	
	ace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21 2031	GULFVIEW DRIVE	26			59-2672480	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	IDAY FL	City & State	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country	/	8. This corporation has liability for in		
24 346			30			Yes No	
9. Name and Address of Current Registered Agent				T AL	10. Name and Address of New Registered Agent		
ECIACAITO, MILLIAM				81 Name			
2031 GULFVIEW DRIVE			82	82 Street Address (P.O. Box Number is Not Acceptable)			
HOLIDAY FL 34691			83			* AL * All	
			84	City		B5 Zip Code	
				′		FL	
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		and the second second	2				
12,	Signature, typed or printed name of registered agree. OFFICERS AND		Registered Ag	ent signature requ	uired wher reinstating) ADDITIONS/CHANGES TO OFFIC	DATI FRS AND DIRECTORS IN 12	
TITLE	PVD	DELITE	11700		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change Addition	
NAME	LOIACANO, WILLIAM		1.2 NAME				
STREET ADDRESS	2031 GULFVIEW DR.			LADDRESS			
CITY-ST-ZIP	HOLIDAY FL 34691		1.4 CITY - 5			·	
TETLE	STO	☐ DELETE	2 1 TOLE			Change Addition	
NAME	MILLNER, HAROLD		2.2 NAME				
STREET ADDRESS	3351 PATTIE PLACE		23 STRH	1 ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL 34685		2 4 CiTY-	ST-ZIP			
TITLE		☐ DELETE	3 1 1ITEF			Change Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	I ADDRESS			
CITY-ST-ZIP			34 City-	S1 - 7/F			
TITLE		L DELETE	4 1 1111 F			L Change L Addition	
NAME			4 2 NAME				
STREET ADDRESS			4.3 STHEL	ADDRESS			
CITY-ST-ZIP			44 CHY-	S1 - 7IP			
TITLE		☐ DELE1E	5 1 1111, E			Change Addition	
NAME			5.2 NAMI				
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZiP		T DELETE	5.4 CITY-1	S1-7IP		Change Addition	
TITLE		☐ DELETE	6.1 11114			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			6.4 CHY-	S1-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.

IN MANAGER PO