## 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 # J39938

(2)

WICKS CONSULTING SERVICES, INC.

**FILED** Apr 11 1997 8:00am Secretary of State

Principal Place of Business Mailing Address			aimis Bibis arasi diani midis Biats inai		
107 W. MAIN ST. TAVARES FL 32778	107 W. MAIN ST. TAVARES FL 32778-3809				
			3. Date Incorporated or Qualified 10/20/1986	3a. Date of Last Report 04/10/1996	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	26		59-2756281	Not Applicable	
Suite, Apt. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State		6. Election Campaign Financing		
23	28		Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country	Zip	Country	8. This corporation has liability for		
24 25	29	30		Yes No	
9. Name and Address	of Current Registered Agent		10. Name and Address of New Re	gistered Agent	
WICKS, KENNETH		81 Name	WICKS, KENA	os tab	
710 SMITH ST		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
FRUITLAND PARK FL 34731		10	107 W. MAIN STREET		
		83	•		
		84 City /		85 Zip Code	
		11/4	AVARES	FL   コュククタ	
11. Pursuant to the provisions of Section	is 607.0502 and 607.1508, Florida Statut	es, the above-named cor	poration submits this statement for the patient's board of directors. I bereby access	ourpose of changing its registered	
agent I am familiar with, and accept	the State of Florida. Such change was a tithe obligations of, Section 607,0505, Flo	orida Statutes. ADD	Ress Charge of	or the appointment as registered	
SIGNATURE Commette	Nels	KENNE-	th Wicks, Preside	st 4-7-97	
Stantan, typed or pentist rame of r		E: Registered Agent signature requ	ited when reinstating)	DATE	
	ICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
TITLE PST	DELETE	1.1 TITLE	PST WICKS, KENNETH	Change Addition	
NAME WICKS, KENNETH		1.2 NAME	107 W. MAIN STREE	<b></b>	
STREET ADDRESS 710 SMITH STREET			TO W. MAIN STREET	- 44 O	
CHY-ST ZIP FRUITLAND PARK FL	Dr. CIE	1.4 CITY-ST-ZIP	TAVARES, Fl. 3		
TIFLE	☐ DELETE	2.1 TITLE		Change Addition	
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
C(1Y+S1+ZIP	III priigit	2. 4 CITY-ST-ZIP		Change D Addition	
TIPLE	L DELETE	31 TITLE		Change Addition	
NAME		32 NAME			
STHEET ADDRESS		3 3 STREET ADDRESS			
CHY-SI-ZP	DELETE	3.4. CITY - ST - ZIP		Change Addition	
TILE	☐ DETEIE	4.1 TITLE		FI PLIQUÉE FI NOOKION	
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CHY-S1 ZIP	DELETE	4.4 City-St-ZiP	······································	Change Addition	
Ditt	L. DECEIE	5.1 TITLE		C) Original C1 MODITOR	
NAME		5.2 NAME			
STREET ADDRESS		5 3 STREET ADDRESS			
CITY - ST - ZIP	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition	
11116				Change Chaquini	
NAME		62 NAME			
STREET ADDRESS		63 STREET ADDRESS			
CITY -ST-7P		6.4 Crty-St-ZiP			

14. If do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this armual 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 or changed, or on an attachment with an address.

SIGNATURE: