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

PROFIT: 1 1/4 **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K13107

WANDERING TRAILS, INC.

Principal Place of Business	Mailing Address		- 1 100 to 11 to 1	ĎAL BSART RIALI AIRIT AJRIT BIBŲ AJRIĻ JARŲ
% JANE SCHREIN	% JANE SCHREIN			
5705 HOOD RD	5705 HOOD RD			
PALM BEACH GARDENS FL 33418	PALM BEACH GARDENS F	L 33418	DO NOT WRITE	IN THIS SPACE
	·		3. Date Incorporated or Qualifed 01/28/1988	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0029925	-Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	W year a	3	\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6, Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current	year Intangible
24 25	29	30	Personal Property Tax.	☐ Yes ☐ No
9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Reg	stered Agent
SCHREIN, JANE		81 Name		
5705 HOOD RD		82 Street Addr	ress (P.O. Box Number is Not Acceptable) .
PALM BEACH GARDENS FL 33418			es see construction	<u>. 1. 1 1. 4 </u>
PALM DEACH GARDENS FL 33418		83		
	• • •	84 City		EI 85 Zip Code
.11. Pursuant to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the above-named corp	poration submits this statement for the pur	pose of changing its registered
grading or registered agent, or both, in the State	e of Florida. Such change was a	uthorized by the corporation	on's board of directors. I hereby accept th	e appointment as registered
SIGNATURE	e of Florida. Such change was a ations of, Section 607.0505, Flo	uthorized by the corporation rida Statutes.	on's board of directors. I hereby accept th	e appointment as registered
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14. I 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, with all other like empowered.

6.4 CITY+ST-ZIP

SIGNATURE:

CITY-ST-ZIP

541-622 8130

FILED

Jan 22, 1999 8:00am

Secretary of State 01-22-1999 90044 022 ***150.00