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

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K63615

(4)

WIDE COUNTRY ENTERPRISES, INC.

FILED									
Mar 31 1998 8:00am									
Secretary of State									

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	_									
Principal Plac	e of Business	Mailing A	ddress					### ##################################	914 91914 9191 6	11\$11 \$1\$11 1\$\$!
	ieast 1st street Beach fl 93060	423 NORTHEAST 1ST STREET POMPANO BEACH FL 33080					DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualified 02/06/1989			
2. Principal P	Place of Business	2a. Mailing	2a. Mailing Address				4. FEI Number Applied For			
21		26	<u> </u>				65-0100270			ot Applicable
Sulte, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
City & Stat	Δ		City & State				- Floring Stand			equired
23	•	28	Otate				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip		Countr	y		8. This corporation owes or has pa			
24	25	29		30			Personal Property Tax due June	-] No
	9. Name and Address of Curren	t Registered A	gent				10. Name and Address of New Re	gistered	Agent	
	SMITH, J.E.			81		Name				
	23 NE 1 STREET OMPANO BEACH FL 33060			82	S	Street Addre	ess (P.O. Box Number is Not Acceptal	ole)		
				83						
				64		City	····	FL	. 1 1	Code
11. Pursuant	to the provisions of Sections 607.0502	2 ap 607 508	Florida Statute	es, the above	e-na	amed corporation	oration submits this statement for the pon's board of directors. I hereby acce	ourpose of	changing i	ts registered
agent. I a	im lamiliar with, and accept the oblig-	Hop of Section	n 607.0505, Flo	rida Statute	S.	ie corporatii	orrs board or directors. Thereby acce.	ht rue ahh	onument as	regisiereu
SIGNATURE SIGNATURE										
	Signature, 14-60 or pention name of registered age		ole (NOTE		ent si	ignature require	d when reinstating)	DATE	DIDECTOR	20 111 40
12.	D OFFICENS AND	DIRECTORS	DELETE	13. 1.1 TITLE		 _	ADDITIONS/CHANGES TO OFFIC	JENS ANL	Change	Addition
NAME	SMITH, J.E.		010010	1.2 NAME					C Change	
STREET ADDRESS	423 NORTHEAST 1ST ST.			1.3 STREE		DRESS				
CITY-ST-ZIP	POMPANO BEACH FL			1.4 CITY-						
TITLE	D	=	DELETE	2.1 TITLE	<u></u>		······································		Change	Addition
NAME	SMITH, ALICE I.			2.2 NAME						
STREET ADDRESS	423 NORTHEAST 1ST ST.			2.3 STREE	T ADD	DRESS				j
CITY - ST - ZIP	POMPANO BEACH FL			2. 4 CITY-	ST-Z	ZIP				
TITLE	D		☐ DELETE	3.1 TITLE					Change	☐ Addition
NAME	SMITH, LORI J.			3.2 NAME		i				
STREET ADDRESS	423 NORTHEAST 1ST ST.			3.3 STREE	1 ADD	DRESS				
CITY-ST-ZIP	POMPANO BEACH FL		DECETE	3.4. CITY-	ST-Z	ZIP			Charte	A 4491
TITLE			DELETE	4.1 TITLE					Change	Addition
NAME PTREET ADDRESS				4. 2 NAME		Optro				1
STREET ADDRESS				4.3 STREE						
CITY-ST-ZIP TITLE	<u> </u>		DELETE	4.4 CITY - 5.1 TITLE	01 - ZI	<u> </u>			Change	Addition
NAME			h	5.2 NAME						
STREET ADDRESS	[5.3 STREET	T ADO	DRESS				
CITY-ST-ZIP				5.4 CITY-5		1				
TITLE			DELETE	6.1 TITLE					Change	☐ Addition
NAME				6.2 NAME					-	[
STREET ADDRESS				6.3 STREET	T ADD	ORESS				}
CITY-ST-ZIP				6.4 CITY- S						
14. I 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 annual report or supplemental annual poort 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 higher receiver or further exercise the empowered of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or of an attachment with an address.										
CICMAT	LIDE: 151/	MIMI	/////	_						J