## 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 # K68217

(4)

WILDMERE PROPERTIES, INC.

## **FILED** Feb 03 1998 8:00am Secretary of State



					,			
Principal Place of Business Mailing Address								111 91911 91911 1991
4964 S. ORANGE AVE. 4964 S. ORANDO FL 32806 ORLANDO F			ORANGE AVE. O FL 32806			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
2 Principal F	Place of Business	2a. Mailing /	Addrage			<b>02/17/1989</b> <b>4.</b> FEI Number		Applied For
21		26	100,000			59-2941878	F	Not Applicable
Suite, Apt.	#, etc.		ot. #, etc.			F-3	\$8	75 Additional
22		27				<b>5.</b> Certificate of Status Desired		ee Required
City & Stat	te	City & Si	ate			6. Election Campaign Financing	\$5	.00 May Be
23		28				Trust Fund Contribution		ided to Fees
Zip	Country	Zip		Country	/	8. This corporation owes or has paid the co	urrent ye	ar Intangible
24	2529			30		Personal Property Tax due June 30. 🔀 Yes 🔲 No		
	g, Name and Address of	Current Registered Age	ent		T	10. Name and Address of New Registered	Agent	
	3.C. CO.			81	Name			
	00 SUN BANK CENTER				Street Add	dress (P.O. Box Number is Not Acceptable)		
	O S. ORANGE AVE.							
OR	LANDO FL 32801			83				
				84	City		85	Zip Code
					,	FI		
office or r	to the provisions of Sections bregistered agent, or both, in the am familiar with, and accept the	e State of Florida. Such o	change was au	uthorized bi	vithe corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	ot chang pointme	ing its registered nt as registered
SIGNATURE	Signature, typed or printed name of regis	stered agent and their applicable	(NOTE:	Registered Age	ont signature requi	ired when reinstating) DATE		
12.	- <del> </del>	RS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIREC	CTORS IN 12
TITLE	ST		DELETE	1.1 TITLE			☐ Cha	
NAME	POWELL, LINDA C.			1.2 NAME				
STREET ADDRESS	565 GATLING AVE			1.3 STREET	ADDRESS			
CITY-ST-ZIP	ORLANDO FL			1.4 CITY-5	17 - ZIP			
TITLE	PD		DELETÉ	2.1 TITLE			☐ Cha	inge Addition
NAME	CARSE, WAYNE L.			2.2 NAME				
STREET ADDRESS	1025 SWEETBRIAR			2 3 STREET	ADDRESS			
CITY-ST-ZIP	Orlando Fl			2 4 CITY-	ST-ZIP			
TITLE			DELETE	31 TITLE			☐ Cha	nge Addition
NAME				32 NAME				
STREET ADORESS				3 3 STREET	ADDRESS			
CITY-ST-ZIP				3.4. CITY - 1	ST - ZIP			
TITLE			DELETÉ	4.1 TITLE			☐ Cha	inge 🔲 Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP				4.4 Cilly - S	T - Z(P		<u></u>	
TITLE			] DEL <del>et</del> e	5.1 TITLE			☐ Cha	inge 🔲 Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET	ADDRESS			
CITY-ST-ZIP				5.4 CITY - S	T-ZIP			
TITLE			DELETE	6.1 TITLE			Cha	nge 🔲 Addition
NAME				6.2 NAME	İ			
STREET ADDRESS				6.3 STREET	ADDRESS			
CITY-ST-ZIP				6.4 CITY - S	1 - ZIP			

14. Thereby 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 ampful 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 of 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 attackment with an address.

Linda C. Powell