

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

FILED
Jun 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K85083** (9)
1. Corporation Name
WILSON DEVELOPMENT GROUP, INC.



Principal Place of Business 2250 LEE RD SUITE 201 WINTER PARK FL 32789 US	Mailing Address 5028 AUTUMN RIDGE LANE P.O. BOX 1641 WINDERMERE FL 34786-1641
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2. Principal Place of Business 21 7651-A ASHLEY PARK CT		2a. Mailing Address 26		3. Date Incorporated or Qualified 04/25/1989	3a. Date of Last Report 04/23/1996
Suite, Apt. #, etc. 22 402		Suite, Apt. #, etc. 27		4. FEI Number 59-2949230	Applied For <input type="checkbox"/> Not Applicable
City & State 23 ORLANDO FL		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 32835		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 29		Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WILSON, WALLACE M., SR. 5028 AUTUMN RIDGE LANE WINDERMERE FL 34786				10. Name and Address of New Registered Agent	
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				85 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	PSY	WILSON, WALLACE M., SR.	5028 AUTUMN RIDGE LANE WINDERMERE FL	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	D	WILSON, WALLACE M., SR.	5028 AUTUMN RIDGE LANE WINDERMERE FL	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
	D	WILSON, KIMELA B.	5028 AUTUMN RIDGE LANE WINDERMERE FL	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
	D	WILSON, WALLACE M., JR.	5028 AUTUMN RIDGE LANE WINDERMERE FL	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition		

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.

CR2E034 (9/96)