

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

FILED

May 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # L37603 (2)  
1. Corporation Name  
JAMES WILKES & ASSOCIATES, INC.

Principal Place of Business  
15333 SW 150 ST.  
MIAMI FL 33196

Mailing Address  
15333 SW 150 ST.  
MIAMI FL 33196



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 115 RD SKY CT Suite, Apt. #, etc. 22 City & State LAKB MANZ PL Zip 32746		2a. Mailing Address 26 115 RD SKY COURT Suite, Apt. #, etc. 27 City & State LAKB MANZ PL Zip 32746		3. Date Incorporated or Qualified 12/18/1989	
25 JAMAICA		29 32746		4. FEI Number 65-0162198	
23 32746		30 JAMAICA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 32746		31 JAMAICA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 JAMAICA		29 32746		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILKES, JAMES  
15333 SW 150 ST.  
MIAMI FL 33196

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 115 RD SKY COURT
83
84 City LAKB MANZ
85 Zip Code FL 32746

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	P/D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKES, JAMES	1.2 NAME	
STREET ADDRESS	15333 SW 150 ST.	1.3 STREET ADDRESS	115 RD SKY COURT
CITY-ST-ZIP	MIAMI FL 33196	1.4 CITY-ST-ZIP	LAKB MANZ, PL 32746
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: JAMES M. WILKES JR. JMW 4/21/98 409-701-1352

CR2E034 (10/97)