**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED AND FILED**

95 MAY -1 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L55388** **(7)**

1. Corporation Name

**WILANE CORPORATION**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~6000 CALLE DE PAZ SOUTH~~<br>~~BOCA RATON FL 33433~~ | ~~6000 CALLE DE PAZ SOUTH~~<br>~~BOCA RATON FL 33433~~ |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/05/1990
3a. Date of Last Report: 05/01/1994

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 3368 LINCOLN WAY | 26 3368 LINCOLN WAY |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 HOLLYWOOD FL | City & State 28 HOLLYWOOD FL |
| Zip 24 33026 Country 25 | Zip 29 33026 Country 30 |

4. FEI Number: 65-0184060 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| NELSON, WILLIAM<br>~~6000 CALLE DE PAZ SOUTH~~<br>~~BOCA RATON FL 33433~~ | 81 Name: WILLIAM L. NELSON<br>82 Street Address (P.O. Box Number is Not Acceptable): 3368 LINCOLN WAY<br>83<br>84 City: HOLLYWOOD FL 85 Zip Code: 33026 |

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: William L. Nelson
(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 | DP | 1.1 TITLE | ☒ Change ☐ Addition |
| NAME | NELSON, WILLIAM | 1.2 NAME | |
| STREET ADDRESS | ~~6000 CALLE DE PAZ SOUTH~~ | 1.3 STREET ADDRESS | 3368 LINCOLN WAY |
| CITY-ST-ZIP | ~~BOCA RATON FL~~ | 1.4 CITY-ST-ZIP | HOLLYWOOD FL 33026 |
| TITLE | S | 2.1 TITLE | ☒ Change ☐ Addition |
| NAME | NELSON, ELEANOR | 2.2 NAME | |
| STREET ADDRESS | ~~6000 CALLE DE PAZ SOUTH~~ | 2.3 STREET ADDRESS | 3368 LINCOLN WAY |
| CITY-ST-ZIP | ~~BOCA RATON FL~~ | 2.4 CITY-ST-ZIP | HOLLYWOOD FL 33026 |
| TITLE | | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:** William L. Nelson WILLIAM L. NELSON PRESIDENT 4/24/95 (305) 430-7267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0963213 CP