

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Mathison
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L59728

(0)

1. Corporation Name

A. WILSON, INC.

Principal Place of Business

3110 N.E. 10TH AVENUE
POMPANO BEACH FL 33064

Mailing Address

3110 N.E. 10TH AVENUE
POMPANO BEACH FL 33064



2. Principal Place of Business

21. State: FL

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. State: FL

27. City & State

28. Zip

29. Country

3. Date Incorporated or Qualified

03/08/1990

3a. Date of Last Report

03/07/1995

4. FEI Number

65-0190175

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

CUMMINS, B. J.
400 SOUTHEAST EIGHTH STREET
FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL 85. Zip Code

11. Pursuant to the provisions of Section 607.07 and 607.1505, 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 I accept the obligations of, Section 607.07(2)(b), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

D
WILSON, ANNEMARIE
3110 NE 10 AVE
POMPANO BEACH FL

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

14. I, the filer, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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. I am an officer or director of this 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 attached page with an address.

SIGNATURE:

Annemarie Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/96

CR2E034 (12/95)