

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L65569 (0)

1. Corporation Name
WPIK, INC.

Principal Place of Business
#1 PIECES OF EIGHT RD
SUMMERLAND KEY FL 33042
US

Mailing Address
PO BOX 420249
SUMMERLAND KEY FL 33042
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/13/1990	3a. Date of Last Report 04/26/1996
4. FEI Number 65-0183244	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARRISH, THERESA P.
56 JOLLY ROGER DR.
CUTTHROAT HARBOR ESTATE
CUDJOE KEY FL 33042

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD CEO
NAME	PARRISH, THERESA P.	1.2 NAME	PARRISH, THERESA
STREET ADDRESS	56 JOLLY ROGER DR	1.3 STREET ADDRESS	56 JOLLY ROGER DR
CITY-ST-ZIP	CUDJOE KEY FL	1.4 CITY-ST-ZIP	CUDJOE KEY, FL 3042
TITLE	D	2.1 TITLE	D, OWNER
NAME	PARRISH, JERRY	2.2 NAME	PARRISH, JERRY
STREET ADDRESS	56 JOLLY ROGER DR	2.3 STREET ADDRESS	56 JOLLY ROGER DR
CITY-ST-ZIP	CUDJOE KEY FL	2.4 CITY-ST-ZIP	CUDJOE KEY FL 33042
TITLE	D	3.1 TITLE	TREASURER
NAME	ST CLAIR, SALLIE W.	3.2 NAME	PETERSON, MARY E
STREET ADDRESS	780 46TH ST	3.3 STREET ADDRESS	22500 PIECES OF EIGHT RD
CITY-ST-ZIP	MARATHON FL	3.4 CITY-ST-ZIP	CUDJOE KEY, FL 33042
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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 _____ 7.17.97

CR2E034 (4/97)