


FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90180 031 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M08957

1. Corporation Name
THE WICKER PLACE, INC.

Principal Place of Business 2481 N. W. 77TH TERRACE MIAMI FL 33147	Mailing Address 2481 N. W. 77TH TERRACE MIAMI FL 33147
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/14/1984	
21		26		4. FEI Number 59-2480790	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip		29. Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent TAPANES, MARIA 741 E. 17TH ST. HIALEAH FL 33012				10. Name and Address of New Registered Agent			
81 Name				Anita Bryn			
82 Street Address (P.O. Box Number is Not Acceptable)				10909 NW 73 terr			
83				Miami FL 33178			
84 City				Miami		85 Zip Code FL 33178	

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 Nawar Tans DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Bengt Bryn <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAPANES, MARIA	1.2 NAME	PRESIDENT
STREET ADDRESS	741 E. 17TH ST.	1.3 STREET ADDRESS	10909 NW 73 terr
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP	Miami FL 33178
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	VICE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYN, ANITA	2.2 NAME	Anita Bryn
STREET ADDRESS	9971 NW 51 LN	2.3 STREET ADDRESS	10909 NW 73 terr
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami FL 33178
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRYN, BENGT	3.2 NAME	Maria Toyos
STREET ADDRESS	9971 NW 51 LN	3.3 STREET ADDRESS	6722 NW 110 Ave
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami FL 33178
TITLE	<input checked="" type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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, with all other like empowered.

SIGNATURE: Nawar Tans Date 3-3-99 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)