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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 14 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # M38197

(3)

## WIDE HORIZONS DEVELOPMENT CORPORATION

•	ce of Business	Mailing	Mailing Address				I (MAGNICAL AND HILL) AND				
904 LEE BLVD. STE. 104 LEHIGH ACRES FL 33936 US			POST OFFICE BOX 512 LEHIGH ACRES FL 33970-0512								
							3. Date Incorporated or Qualified 09/11/1986	3a. Date of 04/30/1		eport	
2. Principal F	Place of Business	<del> </del>	2a. Mailing Address 26				4. FEI Number 59-2780343	Applied For Not Applicable			
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.				Certificate of Status Desired     Section				
City & Stat	te	27 City	City & State								
23		ļ	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees				
Zip	Country	Zip					8. This corporation has liability for intangible tax under s. 199.032,				
24	25						Florida Statutes Yes No				
Name and Address of Current Registered Agent					ļ.,		10. Name and Address of New Registered Agent				
	CK, ROSE B.				81	Name					
	LEE BLVD. 104				82	Street Add	Address (P.O. Box Number is Not Acceptable)				
	IGH ACRES FL 33938				83						
از اساط	ON THORES I E SOUCE								T		
					84	,		FL 85	1		
11. Pursuant office or agent. La	to the provisions of Sections registered agent, or both, in am familiar with, and accept	607.0502 and 607.150 The State of Florida Su The obligations of, Sect	08, Florida Statu ch change was ion 607.0505, F	ites, the a authorize lorida Sta	bove d by tutes	e-named cor the corpora s.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of cha t the appointn	nging it nent as	s registered registered	
SIGNATURE											
	Signature typed or printed name of re-				d Age	int signature requ	ired when reinstating)	DATE	FOTOE	0 141 40	
12.	I DPT	CERS AND DIRECTORS	DELETE	13. 1.1 T	TI E	<del> </del>	ADDITIONS/CHANGES TO OFFIC		Change	Addition	
NAME	BULACHER, ENGELBER	श	C) officer	1.2 N					o mingo	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
STREET ADDRESS	904 LEE BLVD., #104	••				ADDRESS	•			1	
City-ST-7IP	LEHIGH ACERS FL 339	36				iT-ZiP					
TITLE	S		DELETE	2.1 T					Change	Addition	
NAME	WACK, ROSE B.			2.2 N	AME	!					
STREET ADDRESS	904 LEE BLVD., #104			2.3 S	TREET	ADDRESS					
CITY-ST ZIF	LEHIGH ACRES FL 339	36	T or ere			ST-ZIP			<u> </u>	- Classes	
THE			DELETE	3.1 7				L!	Change	Addition	
NAME Pages a apposice				3.2 N		ADDOCES					
STREET ADDRESS CITY ST-ZIP						ADDRESS ST-ZIP					
10:1			DELETE	411		DI - CH			Change	Addition	
NAME				4.21	AME				-		
STREET ADDRESS				4.3 S	TREET	ADDRESS					
CITY - \$1 - 7IP				4.40	ITY-S	ST-ZIP					
THE			DELETE	5,1 T	ITLE				Change	Addition	
NAME				5.2 N		1					
STREET ADDRESS						ADDRESS					
C114 - 87 - 71P			T Doctor			ST-ZIP			Ohaa	Addres.	
1006			☐ DELETE	6.1 T				L	Change	☐ Addition	
NAME				6.2 N	AME						

6.4 City - ST- ZIF 6.4 City - ST- ZIP 6.4 City - ST- ZIP 6.4 City - ST- ZIP 14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

information and cated 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 Lam 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: Million Engellat BULACHER ENGELBERT