

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

FILED

May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M38197** (3)
1. Corporation Name
WIDE HORIZONS DEVELOPMENT CORPORATION

Principal Place of Business 804 LEE BLVD. STE. 104 LEHIGH ACRES FL 33936 US	Mailing Address POST OFFICE BOX 512 LEHIGH ACRES FL 33970-0512
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1000 LEE BLVD Suite, Apt. #, etc. # 208 City & State LEHIGH ACRES, FL Zip 33936 Country USA		2a. Mailing Address 26 POST OFFICE BOX 512 Suite, Apt. #, etc. City & State Zip Country		3. Date Incorporated or Qualified 09/11/1986	
22 LEHIGH ACRES, FL		27 LEHIGH ACRES, FL		4. FEI Number 59-2780343 Applied For Not Applicable	
23 LEHIGH ACRES, FL		28 LEHIGH ACRES, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 33936		29 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 USA		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WACK, ROSE B. 804 LEE BLVD. STE 104 LEHIGH ACRES FL 33936		10. Name and Address of New Registered Agent 81 Name SEALCO GROUP, INC 82 Street Address (P.O. Box Number is Not Acceptable) 1000 LEE BLVD #208 83 84 City LEHIGH ACRES, FL 85 Zip Code 33936	
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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 **WACK, PRESIDENT** DATE **4/28/98**
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 NAME STREET ADDRESS CITY-ST-ZIP	DPT BULACHER, ENGELBERT 804 LEE BLVD., #104 LEHIGH ACRES FL 33936 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DPT BULACHER, ENGELBERT 1000 LEE BLVD #208 LEHIGH ACRES, FL 33936 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WACK, ROSE B. 804 LEE BLVD., #104 LEHIGH ACRES FL 33936 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	S WACK, ROSE 1000 LEE BLVD #208 LEHIGH ACRES, FL 33936 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: **WACK, SECRETARY** DATE **4/28/98** DAYTIME PHONE **941/368-6160**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)