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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M97419

(9)

Mailing Address

WILES ROAD ASSOCIATES, INC.

FILED
Apr 22 1997 8:00am
Secretary of State

11500 WILES R CORAL SPRING	ROAD BS FL 33076-2116	3111 UNIVERSITY SUITE 720 CORAL SPRINGS		5099					
						<ol> <li>Date Incorporated or Qualified 09/06/1988</li> </ol>		le of Last F <b>2/1996</b>	leport
2. Principal P	lace of Business	28. Mailing Add	ress			4, FEI Number 59-2969215			oplied For ot Applicable
Suite, Apl	#, etc.	Suite, Apt #	, etc.			5. Certificate of Status Desired			Additional equired
City & Stat	te	City & State				Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Ζφ	Country	Zip		Count	гу	8. This corporation has liability for	intangible Ves	tax under s	
24 25 29 29 9. Name and Address of Current Registered Agent				Florida Statutes LL Yes					
EIQL	IER, LAWRENCE			В	1 Name			-E	
	1 UNIVERSITY DRIVE			8	Street Ado	Iress (P.O. Box Number is Not Accepta	hle)		
	RAL SPRINGS, FL 33071			0	SUBBL AUG	iless (F.O. DOX Normber is Not Accepta			
				8	3				
				8	4 City			<b>85</b> Zip	Code
							<u>FL</u>	<u> </u>	
office or r	to the provisions or sections of registered agent, or both, in the m familiar with, and accept the	e State of Florida. Such cha-	nge was a	uthorized i	ov the corpora	poration submits this statement for the tion's board of directors. I hereby acce	ept the appo	ointment as	registered
SIGNATURE	Signalure, typed or printed name of regist	sered agent and the if applicable	(NOTE	Registered A	gent signature requ	ired when (einstating)	DATE	· · · · · · · · · · · · · · · · · · ·	
12.	OFFICE	RS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	RS IN 12
TITLE	P, D		ELETE	1.1 TITLE				Change	Addition
NAME	FISHER, LAWRENCE			1.2 NAMI					
STREET ADDRESS	3111 UNIVERSITY DRIVE			1.3 STRE	ET ADDRESS				
CHY-ST ZIP	CORAL SPRINGS FL 330		2. F#2	1.4 CITY			<del></del>	170	1.4.00
10111		LJ L	DELETE	2.1 TITLE				Change	Addition
NAMi:				2.2 NAM	- 1				
STREET ADDRESS					ET ADDRESS				
CHY-51-ZIP TULE			ELETE	2. 4 CITY 3.1 TITLE			<del></del>	Change	☐ Addition
		بالميا	,522.5	1	<b>1</b>			L	
MEAR				3 2 NAM	:				
NAME STREET ADDRESS				3.2 NAM	1				
STREET ADDRESS				3.3 STRE	ET ADDRESS				
			DELETE		ET ADDRESS -ST-ZIP			☐ Change	☐ Addition
STREET ADDRESS DITY-ST-7/P	Change of the Ch		DELETE	3.3 STRE 3.4. CITY	ET ADDRESS - ST-ZIP		····	☐ Change	Addition
STREET ADDRESS  DITY-ST-7P  TITLE			DELETE	3.3 STRE 3.4. CITY 4.1 TITLE 4.2 NAM	ET ADDRESS - ST-ZIP	gel	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
STREET ADDRÉSS  OFY-ST-7/P  TILLE  NAME				3.3 STRE 3.4. CITY 4.1 TITLE 4.2 NAM	ET ADDRESS -ST-ZIP E ET ADDRESS				
STREET ADDRESS  DITY-ST-70P  TITLE  NAME  STREET ADDRESS			DELETE	3.3 STRE 3.4. CITY 4.1 TITLE 4. 2 NAM 4.3 STRE	ET ADDRESS -ST-ZIP  E ET ADDRESS -ST-ZIP			☐ Change	Addition
STREET ADDRESS DITY-ST-TIP THEE NAME STREET ADDRESS CITY-ST-ZIP				3.3 STRE 3.4. CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY	ET ADDRESS -ST-ZIP  E ET ADDRESS -ST-ZIP				
STREET ADDRESS DITY-ST-ZIP THEE NAME STREET ADDRESS DITY-ST-ZIP THEE				3.3 STRE 3.4. CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM	ET ADDRESS -ST-ZIP  E ET ADDRESS -ST-ZIP				
STREET ADDRESS  OTY-ST-749  THE  NAME  STREET ADDRESS  OTY-ST-Z49  THEE  NAME  STREET ADDRESS  OTY-ST-Z49			DELETE	3.3 STRE 3.4. CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY	ET ADDRESS -ST-ZIP  E ST ADDRESS -ST-ZIP  E FT ADDRESS -ST-ZIP			☐ Change	Addition
STREET ADDRESS  CITY-ST-7IP  THE  NAME  STREET ADDRESS  CITY-ST-ZIP  THE  NAME  STREET ADDRESS  CITY-ST-ZIP  THE  THE  THE  THE  THE  THE  THE  TH				3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 6.4 CITY 6.1 TITLE	ET ADDRESS - ST-ZIP  E ST-ZIP  E ST-ZIP  E ST-ZIP  E ST-ZIP				
STREET ADDRESS  CHY-ST-ZIP  THE  NAME  STREET ADDRESS  CHY-ST-ZIP  THE  NAME  STREET ADDRESS  CHY-ST-ZIP			DELETE	3.3 STRE 3.4. CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITLE 6.2 NAM	ET ADDRESS - ST-ZIP  E ET ADDRESS - S1-ZIP  E ET ADDRESS - S1-ZIP			☐ Change	Addition
STREET ADDRESS  CHY-ST-ZIP  THE  NAME  STREET ADDRESS  CHY-ST-ZIP  THE  NAME  STREET ADDRESS  CHY-ST-ZIP  THE  THE  THE  THE  THE  THE  THE  TH			DELETE	3.3 STRE 3.4. CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITLE 6.2 NAM	ET ADDRESS -ST-ZIP  E ET ADDRESS -ST-ZIP  E ET ADDRESS -ST-ZIP  E ET ADDRESS			☐ Change	Addition

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FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #	F94000003117	(8)
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		# <b>F9400</b> ( PRODUCTS C		3117 (8)						
Principal Plac	e of Business		Mai	ling Address						
1111 SAMUELSON RD. ROCKFORD IL 61125			P.O. BOX 7009 ROCKFORD IL 61125-7009							
	N							3. Date Incorporated or Qualified 3a, Date of Last Report 06/15/1994 02/06/1996		
2. Principal Place of Business 2a. Mailing Address 25 40 Westminsto			Mailing Address O Westminster	Street			4. FEI Number Applied For Not Applied For			
21 21 21 Suite, Apt #, etc.		1201	Suite, Apt. #, etc.			<del></del>	\$8.75 Additional			
22			27					5. Certificate of Status Desired Fee Required		
City & Stat	le		28 P	City & State Providence, RI			···	6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
Zip <b>24</b>	2	Country  5  nd Address of Curre	29	Zip 02903	30	iry		8. This corporation has liability for intangible tax under s. 199.032,     Florida Statutes Yes No      10. Name and Address of New Registered Agent		
^ T	CORPORATI		ent negran	Neu Agent	8	1	Name	10. Hallie dillo Address of New Negletoleti Agent		
	O S. PINE ISI				-	2	Street Ad	Address (P.O. Box Number is Not Acceptable)		
	NTATION FL				L		Directino	touress (		
					18	3				
• 					1	4	City	FL 85 Zip Code		
SIGNATURE	registered age am familiar with Signature tyried o	or both, in the Sta condinated accept the oble of pinted name of registered a OFFICERS A	igent and title if	applicable (NO				corporation submits this statement for the purpose of changing its registered condition's board of directors. I hereby accept the appointment as registered 4/10/37  Required when relinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	PD /	OFFICENS A	IND DINEC	DELETE	1.1 TiTL	E	1	V Change M Addition		
NAME	• =	3, JAMES R			1.2 NAM	E	v	Watson, Richard A.		
STREET ADDRESS		UELSON RD.			1.3 STRE	ET.	ADDRESS 4	40 Westminster Street		
CITY - ST - ZIP	ROCKFOR	D IL 61125		T DELETE	1.4 CITY			Providence, RI 02903		
TORE	VD VD	LIJOHOT E		☐ DELETE	2 1 TITLI 22 NAM		1.	V Change X Addition Hudson, Gregory E.		
NAME STREET ADDRESS	DELUCA, A	uelson ad.						40 Westminster Street		
CITY-S1-7-P	ROCKFOR				2.4 CITY			Providence, RI 02903		
T'TLF	ST	<u> </u>		☐ DELETE	3.1 TITLE	_		V Change X Addition		
NAME	HEAL, KEN	INETH L			3.2 NAM	E	F	Friedman, Arnold		
STREET ADDRESS		uelson RD.			3.3 STRE	ET.		40 Westminster Street		
CHY-ST ZIP	ROCKFOR	D IL 61125		T ocurs	3.4. CITY			Providence, RI 02903		
TITLE	D			DELETÉ	4.1 TITU		1	AS Change IX Addition		
NAME	LUTZ, JOH				4. 2 NAM			Willaman, Ann T.		
STREET ADDRESS		UELSON RD.						40 Westminster Street Providence, RI 02903		
Dity-St-ZiP Title	HUUNTUH	D IL 61125		DELETE	4.4 CITY 5.1 TITL	_		AT Change & Addition		
NAME					5.2 NAM		l l	Fredericks, Thomas J.		
STREET ADDRESS								40 Westminster Street		
CITY - S1 - ZIP					5.4 CITY			Providence, RI 02903		
THUE	†	7.7.1		☐ DELETE	6 1 TITL			AT Change Addition		
NAME					62 NAM	E		Cassidy, Roxanne E.		
STREET ACORESS  CITY-ST-7IP					6.3 STAI 6.4 CITY		ADDRESS 4	40 Westminster Street Providence, RI 02903		
	thy certify that	the information suppl	ied with thi	e filing does not qual				rated in Section 119 07(3)(i) Florida Statutes I further certify that the		

on 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 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 3 if changed, or on an attachment with an address. WILLIE REQUIPMENDE E. Cassidy

(401.) 421-2800

Daytime Phone #