FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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96 MAY 23 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N29400 (1)

1. Corporation Name

WILSHIRE WALK II COMMERCIAL CONDOMINIUM ASSOCIATION, INC.

Mailing Address

195 BAYSHORE CT.
P.O. BOX 879
PUNTA GORDA FL 33950

Principal Place of Business

195 BAYSHORE CT.
P.O. BOX 879
PUNTA GORDA FL 33950

If above addresses are incorrect in any way, line through [illegible]

DO NOT WRITE IN THIS SPACE

2. Mailing Address
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Principal Place of Business
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 11/22/1988

3a. Date of Last Report: 03/05/1993

4. FEI Number: 65-0034348 — Applied For / Not Applicable

5. Certificate of Status Desired: $8.75 Additional Fee Required [ ]

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

7. Nonprofit Exempt from $138.75 Supplemental Fee [ ]

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

ERMER SR., WILLIAM F.
195 BAYSHORE CT.
P.O. BOX 879
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name: Same
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 [illegible] 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. The 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 or 617.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

12. OFFICERS AND DIRECTORS

1.1 TITLE	P/D
1.2 NAME	ONUSHCO, DEBORAH A.
1.3 STREET ADDRESS	3001 BAMBOO CT.
1.4 CITY-ST-ZIP	PUNTA GORDA FL
2.1 TITLE	S/D
2.2 NAME	ROWAN, BERNARD E.
2.3 STREET ADDRESS	425 CROSS ST.UNIT 216
2.4 CITY-ST-ZIP	PUNTA GORDA FL
3.1 TITLE	T/D
3.2 NAME	ERMER, WILLIAM F. SR.
3.3 STREET ADDRESS	195 BAYSHORE CT POBOX879
3.4 CITY-ST-ZIP	PUNTA GORDA FL
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

Same

Same

Same

ERMAN 138987
-05/24/96--01081--006
*****70.60 *****70.60

P 5/23

14. I do hereby certify that the information supplied with this report, including any attachments, is accurate and complete. Pursuant to Section 119.07(3)(i), Florida Statutes, I release the Division of Corporations from any liability of non-compliance with Section 48.091, Florida Statutes, if the information is exempt from public access. I further certify that the information indicated on this annual report or any attachment hereto, if any, shall have the same legal effect as if made under oath; that I have fulfilled all obligations concerning unclaimed property; and that I am an officer or director of this corporation, or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that the name and address appearing in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: William F. Ermer 4/18/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE