


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Motham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000002405 (5)
1. Corporation Name
DREAM-A-WISH, INC.



Principal Place of Business 5277 S RIDGEWOOD AVE LOT 13 ALLANDALE FL 32127	Mailing Address P O BOX 238346 ALLANDALE FL 32123
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3. Date Incorporated or Qualified 04/28/1997	
4. FEI Number #59-3436624	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
**KEISER, WOODROW W
5277 S RIDGEWOOD AVE
LOT 13
ALLANDALE FL 32127**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	KEISER, WOODROW W	
STREET ADDRESS	5277 S RIDGEWOOD AVE LOT 13	
CITY-ST-ZIP	ALLANDALE FL 32127	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KEISER, PATRICIA P	
STREET ADDRESS	5277 S RIDGEWOOD AVE LOT 13	
CITY-ST-ZIP	ALLANDALE FL 32127	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	THING, MICHAEL	
STREET ADDRESS	220-A ORCHARD ST	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Michael R. Blickenstaff	
1.3 STREET ADDRESS	2281 East Union Circle	
1.4 CITY-ST-ZIP	Deltona FL 32725	
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Bonnie Barnard	
2.3 STREET ADDRESS	909 Big Tree Rd.	
2.4 CITY-ST-ZIP	South Daytona FL 32119	
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Robert Russell	
3.3 STREET ADDRESS	2545 S. Atlantic Ave. #1408	
3.4 CITY-ST-ZIP	Daytona Beach Shores FL 32118	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Julie Day	
4.3 STREET ADDRESS	2908 S. Peninsula Dr	
4.4 CITY-ST-ZIP	Daytona Beach Shores FL 32118	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Woodrow W. Keiser 1/9/98 904-788-7072

CR2E037 (10/97)