


FILED
Jan 23, 1999 8:00 am
Secretary of State

01-23-1999 90017 041 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000006109					
1. Corporation Name WISH COME TRUE FOUNDATION, INC.					
Principal Place of Business 1270 SW 13TH DR BOCA RATON FL 33486			Mailing Address 1270 SW 13TH DR BOCA RATON FL 33486		

273855 - 90063 - 28



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/29/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		31-1586054	
24 Country		29 Country		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PELICO, MAUREEN 1270 SW 13TH DR BOCA RATON FL 33486				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City	
				85 Zip Code FL	
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					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS:			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PELICO, LOUIS S		1.2 NAME		
STREET ADDRESS	1270 SW 13TH DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33486		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SILVER, DONALD		2.2 NAME		
STREET ADDRESS	2171 SW 117TH TERR		2.3 STREET ADDRESS		
CITY-ST-ZIP	DAVE FL 33325		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUERRERO, MERYL		3.2 NAME		
STREET ADDRESS	8673 NW 57TH CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33087		3.4 CITY-ST-ZIP		
TITLE	Officer-President	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Maureen Pelico		4.2 NAME		
STREET ADDRESS	1270 S.W. 13th Drive		4.3 STREET ADDRESS		
CITY-ST-ZIP	Boca Raton, FL 33486		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (1/98)

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, with all other like empowered.

SIGNATURE:

Maureen Pelico
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/99

511-311-0105