

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

FILED
Mar 19 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 # P37852 (1)
 1. Corporation Name
WILMA DEVELOPMENT CORPORATION

Principal Place of Business
780 JOHNSON FERRY ROAD
SUITE 250
ATLANTA GA 30342
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 MSC 380 1417 Sadler Road Suite, Apt. #, etc. 22 City & State 23 Fernandina Beach, Fla. Zip Country 24 32034 25 USA		2a. Mailing Address 26 MSC 380 1417 Sadler Road Suite, Apt. #, etc. 27 City & State 28 Fernandina Beach, Fla. Zip Country 29 32034 30 USA		3. Date Incorporated or Qualified 03/11/1992	4. FEI Number 58-1982538	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		
				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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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			
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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
 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 NAME STREET ADDRESS CITY-ST-ZIP	PD GRAHAM, CHARLES D 780 JOHNSON FERRY ROAD, SUITE 250 ATLANTA GA	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P Graham, Charles D MSC 380 1417 Sadler Road Fernandina Beach, Fla. 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRAHAM, KAREN S 780 JOHNSON FERRY ROAD, SUITE 250 ATLANTA GA	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	S Graham, Karen S. MSC 380 1417 Sadler Road Fernandina Beach, Fla. 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GATINS, SUSAN J 780 JOHNSON ROAD, SUITE 250 ATLANTA GA	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	V Gatins, Susan J. MSC 380 1417 Sadler Road Fernandina Beach, Fla. 32034
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: Karen S. Graham *Karen S. Graham*

904-321-4164

CR2E034 (10/97)