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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P40613

1. Corporation Name

F. G. WILSON INCORPORATED

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90163 011 ***158.75

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						8 			
Principal Place of Business Mailing Address									
10125 NW 116TH WAY. #6 10125 NW 116TH WAY. #6									
MEDLEY FL 33178 MEDLEY FL 33178					DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed				
ĺ					09/15/1992				
Principal Place of Business 2a, Mailing Address					4. FEI Number		Anni	ied For	
<u>⊢≕</u> '	ace of Business	2a. Mailing Address			23-2648049		<u> </u>	Applicable	
Suite Ant # ata		Suite, Apt. #, etc.		23-2040043	- 6	B.75 Ad			
Suite, Apt. #, etc.		27			•	-	uired ===========		
City & State		City & State		Secretary Commission Financing					
City & State				**************************************			•		
. Zip Country		Zip Country		This corporation owes the current year Intangible					
l '		29 30	-		Personal Property Tax.			JNo I	
24	25 9. Name and Address of Current F		10. Name and Address of New Registered Agent						
	9. Haine and Address of Content	togistoreo Aguin	81	Name					
SCHAFFER, ROBERT J									
4675 PONCE DE LEON BLVD				82 Street Address (P.O. Box Number is Not Acceptable)					
STE J305			83						
CORAL GABLES FL 33146									
			84	City	***	FL 85	Zip Co	ode	
		1007 4500 FL 11- 01-11-	41 11		- ties automost for the p	1	ging its re	adistared	
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, posed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE D									
					ADDITIONS/CHANGES TO OFF		PECTOR	S IN 12	
12.	PD OFFICERS AND	DIRECTORS IN DELETE	13.	P	5		Change	Addition	
TITLE	· -	(F) OCCLIC		'.;	tto, Richard D. Id Glen Arm Rd	_			
NAME	FEENEY, EDWARD K		1.2 NAME	Ni	TO, MICHAID B.				
STREET ADDRESS	OLD GLEN ARM RD		1.3 STREET	ADDRESS 01	sine Co. Antein, Bi	CHAIRT I	ΙK		
CITY-ST-ZIP	LARNE CO	☐ DELETÉ	1.4 CITY-S	r-zip L	ATTE CO. ATTENTO		Change:	Addition	
TITLE	S MANUEL MANUEL A	☐ DELETE	2.1 TITLE	1			onungo		
NAME	MCILVEEN, JAMES S		2.2 NAME						
STREET ADDRESS	OLD GLENARM RD.	<u> </u>	2.3 STREET				ننجي والمستون	د نستين تيب	
ČITY-ST-ZIP	<u> "Larne," co:antrim: "bt40iej" uk</u>		2.4 CITY-S	T-ZIP			Change	Addition	
TITLE	I SUBJECTION OF THE PROPERTY O	DELETE	3.1 TITLE				- manye	- Vegunosi	
NAME	WILLIAMSON, CYRIL J		3.2 NAME					1	
STREET ADDRESS	9854 N.W. 16 COURT	_	3.3 STREET	ADDRESS					
CÍTY-ST-ZIP ·	PEMBROKE PINES FL 33024		3.4. CITY+S		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		01	COA delition	
TITLE	VD	☑ DELETE	4.1 TITLE	V (Change	Addition	
NAME	PIGOTT,, ASHLEY J		4. 2 NAME	M,	e DANIEL I TOM			Ì	
STREET ADDRESS	OLD GLENARM ROAD		4.3 STREET	ADDRESS ()	e DANIEL I TOM d Glen Arm Rd			}	
CITY-ST-ZIP	LARNE, CO.ANTRIM, BT40IEJ UK		4.4 CITY-S	r-ZIP	arne Co. Antrum BT	40153	UK		
TITLE	VD	☐ DELETE	5.1 TITLE		-		Change	☐ Addition	
NAME	MOORE, IAN P		5.2 NAME					ļ	
STREET ADDRESS	OLD GLENARM ROAD		5.3 STREET	ADDRESS					
CITY-ST-ZIP	LARNE, CO.ANTRIM, BT40IEJ UK		5.4 CITY+S	T-ZIP					
TITLE	VD	DELETE	6.1 TITLE	V)		Change	Addition	
NAME	WILSON, BRIAN J		6.2 NAME	M	alcolmson, PA+ Id Glen Arn Rd-				
STREET ADDRESS	OLD GLENARM ROAD		6.3 STREET	ADDRESS (1)	ld Gen Arm Rd.				
JANEEL MODINESS	LADNE CO ANTONI DEADELIN	,			According to the second	OTILME	T MI		

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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: