

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

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000007626

1. Corporation Name
 WILKINSON ENTERPRISES, INC.
 515 N. FLAGLER DR STE 300
 WEST PALM BEACH, FLORIDA 33401-4322

Principal Place of Business 515 N. Flagler Drive Suite 300 West Palm Beach, FL 33401	Mailing Address 515 N. Flagler Drive Suite 300 West Palm Beach, FL 33401
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21 12794 W. Forest Hill Blvd. Suite, Apt. #, etc. 22 Suite 28-B City & State 23 West Palm Beach, FL Zip 24 33414	25 Country	26 12794 W. Forest Hill Blvd. Suite, Apt. #, etc. 27 Suite 28-B City & State 28 West Palm Beach, FL Zip 29 33414	30 Country
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3. Date Incorporated or Qualified 2/1/93	3a. Date of Last Report 7/24/96
4. FEI Number 65-0403940	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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WILKINSON KEVIN D
 515 NORTH FLAGLER DRIVE
 SUITE 300
 WEST PALM BEACH, FLORIDA 33401

10. Name and Address of Registered Agent

B1 Name
Wilkinson, Kevin D.
 B2 Street Address (P.O. Box Number is Not Acceptable)
12794 W. Forest Hill Blvd.
 B3 Suite 28-B
 B4 City
West Palm Beach FL
 B5 Zip Code
33414

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 *Kevin D. Wilkinson* **Kevin D. Wilkinson President 4/29/97**

Signature typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE P/S/T <input type="checkbox"/> DELETE	NAME WILKINSON KEVIN D
STREET ADDRESS 515 NORTH FLAGLER DRIVE	
CITY-ST-ZIP WEST PALM BEACH, FLORIDA 33401	
TITLE <input type="checkbox"/> DELETE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
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 Change <input type="checkbox"/> Addition	1.2 NAME
1.3 STREET ADDRESS 12794 W. Forest Hill Blvd, Suite 28-B	
1.4 CITY-ST-ZIP West Palm Beach, Florida 33414	
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	

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14. I do 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: this 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: **SIGNATURE REQUIRED** *Kevin D. Wilkinson* **Kevin D. Wilkinson Pres 4/29/97 5617537200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #