FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90034 033 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300007626

1. Corporation Name

WILKINSON ENTERPRISES INC.

WILKING	ON ENTERN MODEL INC.							
Principal Place of Business Mailing Address					I JOHN SEAL SIA IAIAE IIIII ABINI KR		161 1 8818 9 1118	șipio atti 1004
12794 W. FOREST HILL BLVD. 12794 W. FOREST HILL BLVI SUITE 28-B SUITE 28-B					DO NOT WRI	FE IN THIS S	SPACE	
WEST PALM BEACH FL 33414 WEST PALM BEACH FL 33414					3. Date Incorporated or Qualifed 02/01/1993			
Principal Place of Business 2a. Mailing Address					4. FEI Number			plied For
21 26					- 65-0403940	<u> </u>		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of Status Desired		\$8.75 A	
City & State City & State					6. Election Campaign Financing		\$5.00	May Be
23					Trust Fund Contribution	ш	Added t	o Fees
Zip Country Zip			Country		8. This corporation owes the curr			
24	25	29 30			Personal Property Tax.		∐ Yes	□No
	9. Name and Address of Current	Registered Agent		T	10. Name and Address of New R	tegistered A	gent	
1404			81	Name				1
Wilkinson, Kevin D 12794 W. Forest Hill BLVD.			82	Street A	ddress (P.O. Box Number is Not Accepta	ible)		
SUITE 28-B			83					
WEST PALM BEACH FL 33414			84	0.4			ae Zin C	- da
				City	FL 85 Zip Code			,,,,,,
agent. I a SIGNATURE	m familiar with, and accept the obligation Signature, typed or printed name of registered agent OFFICERS AND	ons of, Section 607.0505, Florida Sand title if applicable. (NOTE: Register)	statutes		ation's board of directors. I hereby acceptured when reinstating) ADDITIONS/CHANGES TO OF	DATE		
TITLE	DPST	☐ DELETE 1	.1 TITLE				Change	Addition
NAME	WILKINSON, KEVIN	1	2 NAME					
STREET ADDRESS	12794 W. FOREST HILL BLVD.	1	.3 STREET	TADDRESS				1
CITY-ST-ZIP	WEST PALM BEACH FL 33414	i -	.4 CITY-S	T-ZiP				
TITLE		☐ DELETE 2	.1 TITLE				Change	☐ Addition
NAME		2	.2 NAME					
STREET ADDRESS	م مدونا		.3 STREET	TADDRESS		•		•
CITY-ST-ZIP	,	. 2	. 4 CITY-S	ST-ZIP		•		
TITLE			1 TITLE				☐ Change	Addition
NAME		3	.2 NAME					1
STREET ADDRESS			3 STREET	TADDRESS				}
CITY-ST-ZIP		3	.4. CITY-S	ST-ZIP				
TITLE		☐ DELETE 4	.1 TITLE				☐ Change	☐ Addition
NAME		14	. 2 NAME		•			
STREET ADDRESS		4	.3 STREET	TADDRESS				
CITY-ST-ZIP			.4 CITY-S	T-ZIP				
TITLE			4 777 5				Change	
NAME		☐ DELETE 5	.1 TITLE					☐ Addition
			2 NAME					☐ Addition
STREET ADDRESS		5	.2 NAME	T ADDRESS				Addition
STREET ADDRESS CITY-ST-ZIP		5 5	.2 NAME .3 STREE .4 CITY-S					
		5 5 ☐ DELETE 6	.2 NAME .3 STREET			·	☐ Change	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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP