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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000057788 (0)

THE WILKATH MCMILLAN CORPORATION

## **FILED** Apr 24 1997 8:00am Secretary of State



	e of business	Maining Address	Manny Address						F101 1011 1001
901 GOUTHEAST 10TH STREET POMPANO BEACH FL 33080 US		901 SE 10TH STREET POMPANO BEACH FL 33060-9520							
						3. Date incorporated or Qualified 08/09/1993		te of Last 19/1996	
	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
Suite, Apt. #, etc.		26				65-0438353 Not Applicable			
22		Suite, Apt. #, etc.	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	0	City & State				Election Campaign Financing Trust Fund Contribution			O May Be
Zip	Country	Zip	Coun	Country			r intangible tax under s. 199.032,		
24	<b>25</b> 29 30		30	Florida Statutes		Florida Statutes	☐ Yes ☐ No		
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Reg	istered A	gent	
	APKINS, DARRYL J O E. COMMERCIAL BLVD.		8	31 N	ame				
240 SUT		8	82 Street Address (P.O. Box Number is Not Acceptable)						
	IT LAUDERDALE FL 33308			33					
			8	34 Ci	ly		FL	<b>65</b> Zij	p Code
11. Pursuant	to the provisions of Sections 607 0502	2 and 607.1508. Florida Stat	utes the abo	JV0-119	med corn	poralion submits this statement for the or		chapoine	vite registered
office or r	egistered agent, or both, in the State	of Florida. Such change was	s authorized	by the	corporati	oration submits this statement for the puion's board of directors. I hereby accept	the appo	sintment a	as registered
	in laniliar with, and accept the obliga	idons of, Section 607.0505, i	riorida Statul	ies.					
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable (NO	Olf-Registeren A	Agent sig	nature requir	co when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE		DIRECTO	ORS IN 12
TALE	D	☐ 'DELETE	1.1 1111.0	E				Change	
NAME	MCMILLAN, KATHLEEN		1.2 NAM	!F					
STREET ADDRESS	901 SE 10TH STREET		1.3 STRE	ET ADOI	rss				ĺ
CITY-ST-ZIP	POMPANO BEACH FL 33060		1.4 C(1Y	- ST - ZIP	.				
TITLE	D	DELETE	217018	217016				Change	e 🔲 Addition
NAME	MCMILLAN, WILLIAM J		2.2 NAME						
STREET ADDRESS	901 SE 10TH STREET		2.3 STRE	ET ADDE	ESS				
CITY-ST-ZIP	POMPANO BEACH FL 33060		2.4 CITY	(- ST - ZH	)				}
TITLE	D	DELETE	3.1 11116	f				Change	Addition
NAME	LINDROTH, R D		3.2 NAM	IÉ.					j
STREET ADDRESS	10 CONFEDERATE DR.		3 3 S 1 R E	ET ADDE	ESS				
CITY-ST-ZIP	MODOC SC 29838		3.4. C(TY	7-\$1- <b>7</b> #	,				
TITLE		☐ DELETE	4.1 THLE	f				Change	Addition
NAME		·	4. 2 NAM	AE.					
STREET ADDRESS			4 3 STRE	ET ADDA	£SS				
CITY-ST-ZIP		T 55,575	4.4 C/TY	- SI - 71P					
TITLE		DELFTE	5.1 THU				Į	Change	: Addition
NAME			5.2 NAM						
STREET ADDRESS			5.3 \$1R£	EL ADOP	ESS				
DITY-ST-ZIP		T overs	5.4 CITY						
TITLE		L_) DELETE	6.1 WILE				ι	Change	e ∐ Addilion ∤
NAME			6.2 NAMI						i
STREET ADDRESS			6.3 S1RE	ET ADDR	ESS				
CITY-ST-ZIP	ov certify that the information supplied	The second secon	6.4 CITY	·\$1-71P					
THE LUCK CHAPTER			HILL TOT DOG OL			in Conting 110 07/2\/\) Flasida Ctatutas			

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 conforation or this ecceiver 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 planned or tin an attachment with an address.

4/15/92

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