

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

FILED
May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000057967 (0)

1. Corporation Name

WHEELED COACH ENTERPRISES, INC.

Principal Place of Business

Mailing Address

2737 N FORSYTH RD
WINTER PARK FL 32792

2737 N FORSYTH RD
WINTER PARK FL 32792-6673



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/16/1993	01/24/1996
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		59-2309315	Not Applicable
24 Country		30 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLLINS, DON L
2778 N. FORSYTH RD.
WINTER PARK FL 32792

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

222 W Comstock Ave, Suite 214

83

84 City

FL

85 Zip Code

32789

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C	<input type="checkbox"/> DELETE
NAME	COLLINS, DON L.	
STREET ADDRESS	2737 N FORSYTH RD	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COLLINS, DONALD L.	
STREET ADDRESS	2737 N FORSYTH RD	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	EDIGER, LEWIS W.	
STREET ADDRESS	2737 N FORSYTH RD	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	WAITS, JIM	
STREET ADDRESS	2737 N FORSYTH RD	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	EVD	<input type="checkbox"/> DELETE
NAME	COLLINS, BOB, JR.	
STREET ADDRESS	2737 N FORSYTH RD	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Collins, Robert J.
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	

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; 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 both, attached to this report.

SIGNATURE:

Robert J. Collins
Robert J. Collins

4-25-97 316-663-5551

CR2E034 (9/96)