2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

2	2004 FOR PROFI AMENDED ANI	T CORPORA'	TION RT		•		FIL	ED	
DOCUMENT # P93000062642 1. Entity Name WHEELER INDUSTRIES, INC.						04 SEL TALL	JUN -7	PM 2: 49 GF STATE	
6200 SW 73 MIAMI, FL 3	33143 US	Mailing Address 18723 SW 92 AVE. MIAMI, FL 33157 U	s						
2. Principal I	Place of Business	3. Mailing Address 83 NW 2nd St.			[[[[]]]] []	Y() 40 7()) 80 ()) 88 1(0 9 1()	U 11865 AMI UTBIO 1		
Suite, Apt. #, etc. " above		Suite, Apt. #, etc.			03042003 Chg-	P CR2	E034 (10/03)		
City & State CHomestend, Ph		City & State Homestead, FL			4. FEI Number 65-0433456		Applied For Not Applicable		
Zip 33030	Country	Zip 33030	Country		5. Certificate of Status D	esired	\$8.75 Ad		
	6. Name and Address of Current	1 13 1- 1 1 1	Name	<u>ا</u> ــــــــــــــــــــــــــــــــــــ	7. Name and Address of	of New Registers			
WHEELER, GEORGE 18723 SW 92 AVE MIAMI, FL 33157				Address (F	Anderson Klein O.O. Box Number is Not Act V 2nd St.	ceptable)			
				omestea	d	F	L 33630	le	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Re									
Amended AR is \$61.25 Trust Fund Contribution.					DO May Be d to Fees				
10.	OFFICERS AND D		11.	T	ADDITIONS/CHANGES	TO OFFICERS A			
NAME STREET ADDRESS CITY-ST-ZIP	PTD WHEELER, GEORGE A 18723 SW 92 AVE. MIAMI, FL	X □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	83 NW	n Anderson Klein V 2nd St. Stead, FL 33030	·	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WHEELER, ELIZABETH M 18723 SW 92 AVE. MIAMI, FL	XI Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		7000 06/11/04-)3787 -010330	□ Change □447 04 **6	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-			☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		4	\ \	☐ Change	Addition	
indicated of the cor	certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee emporor on an attachment with an address, w	rue and accurate and that my vered to execute this report a th all other like empowered.	/ signature shall h	ave the sa apter 607,	ame legal effect as if made Florida Statutes; and that i	under oath; that	I am an officer	or director	