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

	MENT # P94000 IDGE WICKHAM, INC.	007395 (4)					
Principal Place of Business Mailing Address					REPHEDI IN INI TUTU EDIR ÇEHA SILI	TANK BEKA KEDER KAND NAKEN GAN KARE	
1412 WEST COLONIAL DRIVE STE 200 ORLANDO FL 32804		1412 WEST COLONIAL DRIVE STE 200 ORLANDO FL 32804-7119		·			
US		US			3. Date Incorporated or Qualified	3a. Date of Last Report	
2. Principal Place of Business		2a. Mailing Address		01/28/1994 4. FEI Number	05/01/1996 Applied For		
21		26	·1		59-3227603	Not Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional	
22 City & Stat		27		5. Certificate of Status Desired	Fee Required		
City & Stat	le	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Z ip 24	Country 25	Zip 29	7ip Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
COSCIA, JACQUELINE				Namo			
1412 W COLONIAL DR STE 200 ORLANDO FL 32804			82	Street Ac	idress (P.O. Box Number is Not Acceptable	le)	
			83				
0110			84	City		B5 Zip Code	
44 Duestiant	to the manufacture of Continue CO7 of O7			<u> </u>			
office or r agent. I a	registered agent, or both, in the State of the familiar with, and accept the obligations.	of Florida. Such change was lions of, Section 607.0505, Fl	ies, the abov authorized b orida Statute	e-named co y the corpo s.	orporation submits this statement for the puration's board of directors. I hereby accep	urpose of changing its registered the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered agen	Land title If applicable. (NO)	L: Registered Ag	ent signature re-	guired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12	
TITLE	P	DELETE"	1.1 TITLE			Change Addition	
NAME	COSCIA, JACQUELINE		1.2 NAME				
STREET ADDRESS 1412 W COLONIAL DR STE 200		1	1.3 STREET ADDRESS			,	
CITY-ST-ZIP	ORLANDO FL	DELETÉ	1.4 CITY - 9	SI-ZIP			
NAME	·	[] t/cct /t	2.1 TITLE 2.2 NAME			☐ Change ☐ Addition	
STREET ADDRESS			2.2 NAME 2.3 STREET	ADDDECC			
CITY-ST-ZIP	•		2.3 STREET				
	DELETE		3.1 TITLE			Change Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3 4. CITY-ST-ZIP				
TITLE	☐ DELETE		4.1 THEE			☐ Change ☐ Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY+ST-ZIP	Deserve		4.4 CITY - S	T-20°			
TITLE NAME	DELETE		5.1 TILLE			Change Addition	
STREET ADDRESS			5.2 NAME	*DODI CC			
CITY-ST-ZIP			5.3 STREFT 5.4 CHY-S	1			
TITLE			G.1 TITLE	1-41r		Change Addition	
NAME		***************************************	6.2 NAME			المالين المالين	
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		6.4 CITY-S	j			

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 on an attachment with an address.

407-422-3080

FILED

Apr 14 1997 8:00am

Secretary of State