

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

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**May 12 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 # P94000009443 (0)
1. Corporation Name
"WILDON BUILDERS AND CONTRACTORS INCORPORATED"



Principal Place of Business Mailing Address
**542 SABAL TRAIL CIR.
LONGWOOD FL 32779** **542 SABAL TRAIL CIR.
LONGWOOD FL 32779-8128**

3. Date Incorporated or Qualified 3a. Date of Last Report
02/07/1994 **01/25/1996**

4. FEI Number Applied For
59-3223122 Not Applicable

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 Yes No

2. Principal Place of Business 2a. Mailing Address
21 **4000 TOWERSIDE TER** 26 **4000 TOWERSIDE TER**
Suite Apt. #, etc. Suite, Apt. #, etc.
22 **SUITE 2105** 27 **SUITE 2109**
City & State City & State
23 **MIAMI FL.** 28 **MIAMI FL.**
Zip Country Zip Country
24 **33138** 25 **USA** 29 **33138** 30 **USA**

9. Name and Address of Current Registered Agent
**KAFKA, DONALD L
542 SABAL TRAIL CIR.
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
4000 TOWERSIDE TERRACE
83 **SUITE 2105**
84 City **MIAMI** FL 85 Zip Code **33138**

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: *Donald L. Kafka* **DONALD L. KAFKA** **APRIL 25, 1997**
Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	KAFKA, DONALD L
STREET ADDRESS	542 SABAL TRAIL CIR.
CITY-ST-ZIP	LONGWOOD FL 32779
TITLE	D <input type="checkbox"/> DELETE
NAME	KAFKA, WILMA
STREET ADDRESS	542 SABAL TRAIL CIR.
CITY-ST-ZIP	LONGWOOD FL 32779
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4000 TOWERSIDE TER
1.4 CITY-ST-ZIP	SUITE 2105 MIAMI FL 33138
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4000 TOWERSIDE TER
2.4 CITY-ST-ZIP	SUITE 2105 MIAMI FL 33138
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
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, changed, or on an attachment with an address.
SIGNATURE: *Donald L. Kafka* **DONALD L. KAFKA** **4/25/97** (305) 891-1318
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)