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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90068 025 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000009443**

1. Corporation Name
"WILDON BUILDERS AND CONTRACTORS INCORPORATED"



Principal Place of Business
**4000 TOWERSIDE TER
 SUITE 2105
 MIAMI FL 33138
 US**

Mailing Address
**4000 TOWERSIDE TER
 SUITE 2105
 MIAMI FL 33138
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **1568 N.E. QUAYSIDE TER**
 Suite, Apt. #, etc.
 22
 City & State
 23 **MIAMI FL**
 Zip Country
 24 **33138** 25 **USA**

2a. Mailing Address
JAME
 Suite, Apt. #, etc.
 27
 City & State
 28
 Zip Country
 29 30

3. Date Incorporated or Qualified
02/07/1994

4. FEI Number
59-3223122

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
**KAFKA, DONALD L
 4000 TOWERSIDE TERRACE
 SUITE 2105
 MIAMI FL 33138**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
1568 N.E. QUAYSIDE TERRACE
 83
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	D	
NAME	KAFKA, DONALD L	
STREET ADDRESS	4000 TOWERSIDE TER, SUITE 2105	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	D	
NAME	KAFKA, WILMA M	
STREET ADDRESS	4000 TOWERSIDE TER, SUITE 2105	
CITY-ST-ZIP	MIAMI FL 33138	
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		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS	1568 N.E. QUAYSIDE TERRACE		
1.4 CITY-ST-ZIP	MIAMI, FL. 33138		
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS	1568 N.E. QUAYSIDE TERRACE		
2.4 CITY-ST-ZIP	MIAMI, FL. 33138		
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE: Donald L. Kafka **JAN 10 1999** **407 (305) 660-8666**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)