## 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

## **FILED** Apr 22 1997 8:00am Secretary of State

DOCUMENT #	P9400001	9982	(5)

Principal Place	Corporation Name WILCROFT ENTERPRISES, INC.  Acipal Place of Business  5 NW 93RD STREET DLEY FL 33166  WEDLEY FL 33166-2029 US							
						3. Date Incorporated or Qualified 03/14/1994	3a. Date of Last Re 05/01/1996	port
2. Principal P	Place of Business	2a. Mailing 26	Address			4. FEI Number 65-0488083	<del>                                     </del>	olied For Applicable
Suite, Apt	#, etc	Suite, A	pt. #. etc.			5. Certificate of Status Desired	□ \$8.75 A	
City & Stat	le	City & S	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
7ip <b>24</b> ]	Country 25	Zip 29	Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
	9. Name and Address of				.,	10. Name and Address of New Re	gistered Agent	
ST.	GEORGE, M. JEFFREY			8	1 Name			
	5 PONCE DE LEON BLVD. RAL GABLES FL 33134			8	2 Street Ac	dress (P.O. Box Number is Not Acceptal	ble)	***************************************
00.	TAL CARCLE I C 00101			8	3			
				8	4 City		FL 85 Zip C	ode
11. Pursuant office or agent La	to the provisions of Sections 6 registered agent, or both, in the em familiar with and accept the	07 0502 and 607.1508, • State of Florida Such • obligations of, Section	Florida Statute change was au 607.0505, Flor	s, the abouthorized I rida Statut	ive-named co by the corpor es.	orporation submits this statement for the ration's board of directors. I hereby acce	purpose of changing its pt the appointment as re	registered egistered
	Signature, typed or proted name of regis	rered agont and true if applicable	e (NOTE	Registered A	igent signature rec	quired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	2 IN 12
12.	D		DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFI	Change	Addition
NAME	ORESTES, VIDAN		_	1.2 NAM				
STREET ADDRESS	8135 SW 93RD STREET			1.3 STRE	ET ADDRESS			
CHY - S1 - ZiP	MEDLEY FL		<b></b>	1.4 CITY				<b>111</b> 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
THIF			DELETE	2171716			Change	Addition
NAME STREET ACORESS				22 NAM	et address	•		
CHY \$1-20°				1	r-ST-ZIP			
TITLE			DELETE	3.1 TITLE			Change	Addition
NAME				3.2 NAM	E			
STREET ACORESS				1	ET ADDRESS			
City-S1-ZiP Title			DELETE	3.4. CITY 4.1 TITLE	(-\$T-ZtP			
041.							Channe	Addition
MANG		!	_ precit	•	l		L Change	Addition
NAME STREET ADDRESS		'	_ vicen	4. 2 NAM	l		L: Charige	Addition
				4. 2 NAM 4.3 STRE	AE ·		L_J Change	Addition
STREET ADDRESS			DELETE	4. 2 NAM 4.3 STRE	ME ET ADDRESS - ST-ZIP		Change	☐ Addition
STREET ADDAMESS. CITY - ST - ZVP				4. 2 NAN 4.3 STRE 4.4 CITY	ET ADDRESS - SY-ZIP			
STREET ADDRESS. CITY - ST - ZVP THEE				4. 2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE	AE ET ADDRESS - ST-ZIP E E E ET ADDRESS			
STREET ADDRESS CITY (ST-ZIP) THEE NAME STREET ADDRESS CITY (ST-ZIE)			DELETE	4. 2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY	AE ET ADDRESS - SY-ZIP E E ET ADDRESS - ST-ZIP		☐ Charge	Addition
STREET ADDRESS ONY ST-ZIP THEE HAME STREET ADDRESS ONY ST-ZIE THEE				4. 2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 6.3 TITLE	AE ET ADDRESS - ST-ZIP E E EET ADDRESS - ST-ZIP E E ET ADDRESS - ST-ZIP E			
STREET ADDRESS CITY (ST-ZIP) THEE NAME STREET ADDRESS CITY (ST-ZIE)			DELETE	4. 2 NAM 4.3 STRE 4.4 CHY 5.1 THTLE 5.2 NAM 5.3 STRE 5.4 CHY 6.3 THTLE 6.2 NAM	AE ET ADDRESS - ST-ZIP E E EET ADDRESS - ST-ZIP E E ET ADDRESS - ST-ZIP E		☐ Charge	Addition

14. I do nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). 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 tarn 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.

SIGNATURE:

Daytime Phone #