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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1998

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name	P94000033333	(3)		
WILDLIEF SCHIPTURES INC				

Country

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #. etc.

City & State

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Ζiρ

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt #, etc.

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209 THORNTON OR PALM BEACH GARDENS FL 33418 209 THORNTON DR PALM BEACH GARDENS FL 33418

FILED Apr 17 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/29/1994 4. FEI Number Applied For 65-0491304 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. □ No

29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GARGIULO, LORRAINE 209 THORNTON DR Street Address (P.O. Box Number is Not Acceptable) PALM BEACH GARDENS FL 33418 **B3**

	64	City	FL S Zip Code
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the at office or registered agent, or both, in the State of Florida. Such change was authorize agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida States.	d by	by the corporation's board of directors. I	ment for the purpose of changing its registered hereby accept the appointment as registered

Country

SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE PARG DELETE 1.1 THILE Change Addition NAME GARGIULO, ANTHONY J 1.2 NAME **209 THORNTON DRIVE** STREET ADDRESS 1.3 STREET ADDRESS PALM BEACH GARDENS FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE Change Addition 21 THUE **GARGIULO, LORRAINE** 12.2 NAME 209 THORNTON DRIVE STREET ADDRESS 2.3 STREET ADDRESS PALM BEACH GARDENS FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 101£F NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - \$1 - 2IP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change TITLE Addition 51 TITLE NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 54 CITY-ST-ZIP DELETE TITLE 61 TITLE ___ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. 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.