**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**
**AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)**

PROFIT CORPORATION ANNUAL REPORT
**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000043852 (0)

1. Corporation Name

**WILD NEW THINGS, INC.**

Principal Place of Business: ~~302 SOUTH LAKESIDE DRIVE LAKE WORTH FL 33460~~

Mailing Address: ~~302 SOUTH LAKESIDE DRIVE LAKE WORTH FL 33460~~

2. Principal Place of Business
21 6591 LAKE ISLAND DR
Suite, Apt. #, etc.
22
City & State
23 LAKE WORTH, FL
Zip 24 33467 Country 25 USA

2a. Mailing Address
26 6591 LAKE ISLAND DR
Suite, Apt. #, etc.
27
City & State
28 LAKE WORTH, FL
Zip 29 33467 Country 30

3. Date Incorporated or Qualified: 06/13/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 36-2644102 — Applied For / 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 / [X] No

9. Name and Address of Current Registered Agent

DANCA, PHILIP C
~~302 SOUTH LAKESIDE DRIVE~~
~~LAKE WORTH FL 33460~~

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 6591 LAKE ISLAND DRIVE
83
84 City LAKE WORTH FL 85 Zip Code 33467

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 X Edna M Danca 6-15-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | P | [ ] DELETE | 1.1 TITLE | [X] Change [ ] Addition |
| NAME | DANCA, EDNA M. | | 1.2 NAME | |
| STREET ADDRESS | 302 SO. LAKESIDE DRIVE | | 1.3 STREET ADDRESS | 6591 LAKE ISLAND DR. |
| CITY-ST-ZIP | LAKE WORTH FL | | 1.4 CITY-ST-ZIP | LAKE WORTH, FL 33467 |
| TITLE | V | [ ] DELETE | 2.1 TITLE | [ ] Change [ ] Addition |
| NAME | RUDOLPH, WILLIAM E. | | 2.2 NAME | |
| STREET ADDRESS | 7760 GROVEWOOD DRIVE | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE WORTH FL | | 2.4 CITY-ST-ZIP | |
| TITLE | S | [ ] DELETE | 3.1 TITLE | [ ] Change [ ] Addition |
| NAME | RUDOLPH, CONSTANCE A. | | 3.2 NAME | |
| STREET ADDRESS | 7760 GROVEWOOD DRIVE | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE WORTH FL | | 3.4 CITY-ST-ZIP | |
| TITLE | T | [ ] DELETE | 4.1 TITLE | [ ] Change [ ] Addition |
| NAME | RUDOLPH, CONSTANCE A. | | 4.2 NAME | |
| STREET ADDRESS | 7760 GROVEWOOD DRIVE | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE WORTH FL | | 4.4 CITY-ST-ZIP | |
| TITLE | | [ ] DELETE | 5.1 TITLE | [ ] Change [ ] Addition |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | |
| TITLE | | [ ] DELETE | 6.1 TITLE | [ ] Change [ ] Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | |

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** X Edna M Danca 6-15-96 (561) 434-7535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE