SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000061763 (6)

FILED Aug 11 1997 8:00am Secretary of State

THE W	YLLIE GROUP, INC.	Mailing Address 14945 SW 85TH AVE			
MIAMI FL 331		MIAMI FL 33158		the state of the s	
					E IN THIS SPACE
				3. Date Incorporated or Qualified	3a. Date of Last Report
				08/22/1994	03/13/1996
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# at-	26		65-0513954	Not Applicable
22 Suite, Apr.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional
27 City & State City & State				Fee Required	
28 28		— <u> </u>		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	This corporation owes or has particular to the particular to	7,0000,01000
24	25	29	30	Personal Property Tax due June	
	9. Name and Address of Cur		30	10. Name and Address of New Re	
TAC	BUE, BRIAN P		81 Name		
200 S BISCAYNE BLVD					
SUITE 4500			82 Street Add	ress (P.O. Box Number is Not Acceptal	ble)
	MI FL 33131		83		
1110	12 00 10 1				
			84 City		FL 85 Zip Code
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (NOT	f : Registered Agent signature requi		DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	0	☐ DELETE	1.1 TITLE		Change 🔲 Addition
NAME	WYLLIE, H GORDON		1.2 NAME		
STREET ADDRESS	14945 SW 85TH AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33158	- December	1.4 CITY-ST-ZIP	*****	
TITLE		☐ DETE1E	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		DECETE	2. 4 CHY-ST-ZIP		
TITLE		☐ DELETE	3.1 TiTLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4 CITY-ST-ZIP		Ohor - Taken
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME STOREY ARRESON			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	***************************************	DELETE	4.4 CITY-ST-ZIP		Charas
			5.1 TITLE		☐ Change ☐ Addition
NAME CTOTES ADDRESS			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 C(TY-ST-Z)P		Change Addition
		בין סנגנונ	61 TITLE	*	Change Addition
NAME CTREET ADDRESS			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CYTY - 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 18 if changed, or on an attachment with an address.

6 11 QM