


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

FILED

Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000066329 (1) 1. Corporation Name THE WILD PLUM, INC.					
Principal Place of Business 599 S. COLLIER BLVD. SUITE 213 MARCO ISLAND FL 33937			Mailing Address 599 S. COLLIER BLVD. SUITE 213 MARCO ISLAND FL 34145-5508		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/09/1994	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		3a. Date of Last Report 08/29/1996	
22. City & State		27. City & State		4. FEI Number 65-0523161	
23. Zip		28. Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24. Country		29. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25. Country		30. Country		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CLEARY, DANA T 710 W. ELKCAM CR., PH1 MARCO ISLAND FL 34145			10. Name and Address of New Registered Agent		
81. Name			82. Street Address (P.O. Box Number is Not Acceptable)		
83. City			84. City		
85. Zip Code			86. Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.1 TITLE <input type="checkbox"/> DELETE			13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME CLEARY, DANA			13.2 NAME		
STREET ADDRESS 710 W. ELKCAM CR. PH-1			13.3 STREET ADDRESS		
CITY-ST-ZIP MARCO ISLAND FL 33937			13.4 CITY-ST-ZIP		
12.2 TITLE <input type="checkbox"/> DELETE			13.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME BERRY, PAT			13.6 NAME		
STREET ADDRESS P.O. BOX 133 N/A			13.7 STREET ADDRESS		
CITY-ST-ZIP MARCO ISLAND FL 33989			13.8 CITY-ST-ZIP		
12.3 TITLE <input type="checkbox"/> DELETE			13.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			13.10 NAME		
STREET ADDRESS			13.11 STREET ADDRESS		
CITY-ST-ZIP			13.12 CITY-ST-ZIP		
12.4 TITLE <input type="checkbox"/> DELETE			13.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			13.14 NAME		
STREET ADDRESS			13.15 STREET ADDRESS		
CITY-ST-ZIP			13.16 CITY-ST-ZIP		
12.5 TITLE <input type="checkbox"/> DELETE			13.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			13.18 NAME		
STREET ADDRESS			13.19 STREET ADDRESS		
CITY-ST-ZIP			13.20 CITY-ST-ZIP		
12.6 TITLE <input type="checkbox"/> DELETE			13.21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			13.22 NAME		
STREET ADDRESS			13.23 STREET ADDRESS		
CITY-ST-ZIP			13.24 CITY-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 13 if changed, or on an attachment with an address.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)