Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9400066329

Country

9. Name and Address of Current Registered Agent

25

1. Corporation Name

THE WILD PLUM, INC.

Principal Place of Busines
599 S. COLLIER BLVD. SUITE 213
MARCO ISLAND FL 33937

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Mailing Address

599 S. COLLIER BLVD. SUITE 213

2a. Mailing Address

City & State

26

27

28

29

MARCO ISLAND FL 33937

Suite, Apt. #, etc.

May 07, 1999 8:00 am Secretary of State

05-07-1999 90062 020 ***150.00



DO NOT WOITE IN THIS SOACE	
DO NOT WRITE IN THIS SPACE	

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

09/09/1994 4. FEI Number

65-0523161

The W. ELKCAM CR., PH1 MARCO ISLAND FL 34145 82 Street Address (P.O. Box Number is Not Accephable) 83 B4 City FL B5 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 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature Date Date	CLEARY, DANA T 710 W. ELKCAM CR., PH1				Name				
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 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, and accept the obligations of, Section 607 .0505, Florida Statutes. SIGNATURE The comparison of Sections 607 .0505, Florida Statutes.					2 Street Address (P.O. Box Number is Not Acceptable)				
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office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's Doard of directors. I interest accept the obligations of, Section 607,0505. Priorida Statute. Signature. Special or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restricting) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INTUE CLEARY, DANA 710 W. ELICAM CR. PH-1 13. STREET ADDRESS CITY-ST-2P TITLE CLEARY, DANA 710 W. ELICAM CR. PH-1 13. STREET ADDRESS CITY-ST-2P BERRY, PAT 22. PAWE 23. STREET ADDRESS CITY-ST-2P DELETE 31. TITLE Change Addition Addition Change Addition Addition Addition Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. I TITLE CLEARY, DANA 710 W. ELICAM CR. PH-1 13. STREET ADDRESS CITY-ST-2P TITLE ATTITUTE Change Addition Addition Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. I TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. I TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. I TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. I TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. I TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CHANGES				84	City	FL 3 Zip code			
Signature, typed or printed rame of registatored agent application. (NOTE: Registered Agent supplication from refundation) DATE	office or r	edistered agent or both in the State of Florida, Such	change was author	orized by	the corp	corporation submits this statement for the purporation's board of directors. I hereby accept the	ose of c appoint	hanging ment as	its registered registered
12.	SIGNATURE		(NOTE: Di-			required when reinstating)	ATE		
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MARCO ISLAND FL 33937									
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64 CITY-ST-ZIP	1			6.3 STREET	TADDRESS				ļ
14. I harphy codify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information	CITY-ST-ZIP	, . ·							
14. Thereby certify that the mountain supplies what missing does not qualify the carried and that my signature shall have the same legal effect as if made under oath; that I am an 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	14. I hereby o	certify that the information supplied with this filing does	s not qualify for the	e exempti	on state	d in Section 119.07(3)(i), Florida Statutes. I furt	her certi	fy that th	e information

Country

indicated on this annual report of supplemental annual report is due and accurate and that my signature shall have the same regardered as it made under oarr, that I am all 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, with all other like empowered.