

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000087624 (0)

1. Corporation Name
WYLA, INC.



Principal Place of Business: 6920 PHILLIPS INDUSTRIAL BLVD JACKSONVILLE FL 32256
Mailing Address: 6920 PHILLIPS INDUSTRIAL BLVD JACKSONVILLE FL 32256

3. Date Incorporated or Qualified: 12/02/1994
3a. Date of Last Report: 03/07/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 59-3282661
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 No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRAZIER, W R
1515 RIVERSIDE AVE, STE A
JACKSONVILLE FL 32204

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 607.0605, Florida Statutes.

SIGNATURE

Signature of director or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BENIS, JOHN G	
STREET ADDRESS	179 CHRISTOPHER ST	
CITY-ST-ZIP	NEW YORK NY 10014	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	DEWEES, JOHN	
STREET ADDRESS	36 SYMOR DR.	
CITY-ST-ZIP	CONVENT SATION NJ	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	MARCUS, THEODORE	
STREET ADDRESS	3 FAIR RIDGE COURT	
CITY-ST-ZIP	WAYNE ,	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	BURNHAM, EDWARD	
STREET ADDRESS	180 WEST END AVE.	
CITY-ST-ZIP	NY NY	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	WALLS, CHARLENE	
STREET ADDRESS	604 CASTLEBERRY CT.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WIENER, JOSEPH	
STREET ADDRESS	6 BROOKDALE LANE	
CITY-ST-ZIP	CHAPPAQUA NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charlene W. Walls* CHARLENE W. WALLS 2-2-96 501/886-4338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)