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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
6920 PHILLIPS INDUSTRIAL BLVD **JACKSONVILLE FL 32256**	**6920 PHILLIPS INDUSTRIAL BLVD** **JACKSONVILLE FL 32256-3007**

3. Date Incorporated or Qualified: **12/02/1994**
3a. Date of Last Report: **03/06/1996**

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

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

10. Name and Address of New Registered Agent

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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BENIS, JOHN G		1.2 NAME		
STREET ADDRESS	179 CHRISTOPHER ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10014		1.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DEWEES, JOHN		2.2 NAME		
STREET ADDRESS	36 SYMOR DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	CONVENT SATION NJ		2.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MARCUS, THEODORE		3.2 NAME		
STREET ADDRESS	3 FAIR RIDGE COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	WAYNE ,		3.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BURNHAM, EDWARD		4.2 NAME		
STREET ADDRESS	180 WEST END AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	NY NY		4.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	WALLS, CHARLENE		5.2 NAME		
STREET ADDRESS	604 CASTLEBERRY CT.		5.3 STREET ADDRESS	1257 Cunningham Creek Drive	
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	PD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WIENER, JOSEPH		6.2 NAME	100002079621	
STREET ADDRESS	6 BROOKDALE LANE		6.3 STREET ADDRESS	-02/06/97--01017--019	
CITY-ST-ZIP	CHAPPAQUA NY		6.4 CITY-ST-ZIP	***165.00	

2-5 JR

CR2E034 (9/96)

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] Charlene W. Walls Vice-President (904) 886-4338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 1/17/97 Date — Daytime Phone #