

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000003467 (4)**

1. Corporation Name
CHERYL L. WILSON, ASID, INC.



Principal Place of Business
**2900 TAMiami TRAIL N
NAPLES FL 33940**

Mailing Address
**2900 TAMiami TRAIL N
NAPLES FL 33940**

3. Date Incorporated or Qualified 01/12/1995	3a. Date of Last Report
4. FEIN Number 65-0563919	Applied For Not Applicable
5. Certificate or Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 719 WEDGE DRIVE	26 SAME
22 Subst. Apt. #, etc.	27 State, Apt. #, etc.
23 NAPLES FL	28 City & State
24 33940	29 Zip
25 COLLIER	30 Country

9. Name and Address of Current Registered Agent

**WILSON, CHERYL L
2900 TAMiami TRAIL N
NAPLES FL 33940**

81 Name WILSON, CHERYL L.
82 Street Address (P.O. Box Number is Not Acceptable) 719 WEDGE DRIVE
83 City NAPLES
84 State FL
85 Zip Code 33940

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director

Signature of Secretary or Treasurer

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WILSON, CHERYL L	
STREET ADDRESS	2900 TAMiami TRAIL N	
CITY - ST - ZIP	NAPLES FL 33940	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	CHERYL L. WILSON	
3. STREET ADDRESS	719 WEDGE DRIVE	
4. CITY - ST - ZIP	NAPLES, FL 33940	
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY - ST - ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY - ST - ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY - ST - ZIP		

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHERYL L. WILSON

3-22-96

941-514-0585

CR2E034 (12/95)