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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P95000035395 (9)

THE WILSON ORGANIZATION, INC.

Principal Place of Business

Mailing Address

11762 N. KENDALL DRIVE, SUITE 302

11762 N. KENDALL DRIVE, SUITE 302 MIAMI FL 33186-2102

FILED Apr 21 1997 8:00am Secretary of State



MIAMI FL 9318	96	MIAMI FL 33186-2102								
· ·							Date Incorporated or Qualified 05/05/1995		le of Las 26/199	st Report
	lace of Business	2a. Mailing Address				4.	FEI Number		T	Applied For
21	41.	26				65-0580834			Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5.	Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	9	City & State					Election Campaign Financing Trust Fund Contribution			DO May Be ed to Fees
Zip	Country	Zip	Cou	intry	/	В.	This corporation has liability for in	ntangible	lax unde	er s. 199.032,
24	25	[29]	30				Florida Statutes	Yes Z	No	
	9, Name and Address of Curren			81	1 41	10.	Name and Address of New Reg	gistered A	gent	
	LAW FIRM OF LAWRENCE J S	PIEGEL CHRTD		81	Name					
	ALMERIA AVENUE			82	Street Add	ress (P	O. Box Number is Not Acceptab	le)		
COL	RAL GABLES FL 33134			83						
				63						
•				84	City			FL	85 2	ip Code
11. Pursuant t	to the provisions of Sections 607 050	2 and 607 1509 Florida State	ites the el		o named core	ocratic	o submits this statement for the se		<u> </u>	a lta rapiatarad
office or re agent. I as	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505, F	authorize forida Stat	d by utes	y the corpora s.	tion's b	poard of directors. I hereby accep	the appo	ointment	as registered
SIGNATURE	Signature, typed or printed name of registered age						Alakhida Alaka			
12.	OFFICERS AN		13.	5 Ago	nnt signature requ		Teinstating) ADDITIONS/CHANGES TO OFFICE	DATE FRS AND	DIRECT	ODS IN 12
TITLE	PSTD	DELETE	1.1 Tr	ILE			ADDITIONS/OFFIANGES TO OFFIG		Chang	
NAME	WILSON, ROBERT L		1.2 N/						L_I Chan	go <u>[</u>] //com/o//
STREET ADDRESS	11762 N. KENDALL DRIVE, SU	JITE 302	4		ADDRESS					
CITY-ST-ZIP	MIAMI FL 33186				ST-ZIP					
TITLE		DELETE	21 10		······				Chang	ge Addition
NAME			2.2 NA	ME						
STREET ADDRESS			2.3 \$1	REE1	ADDRESS					
CITY-ST-ZIP			2.4 C	ITY - S	ST-ZIP					
TITLE -		DELETE	3.170						Chang	ge 🔲 Addition
NAME			3.2 N/	ME						
STREET ADDRESS			3.3 ST	REET	ADDRESS					
CITY-ST-ZIP			3.4. C	11Y-S	ST-ZIP					
TITLE		☐ DELETE	4.1 Til	ILE.					Chang	ge 🔲 Addition
NAME			4.2 N	AME						
STREET ADDRESS			4.3 \$1	REE 1	ADDRESS					
CITY-ST-ZIP			4.4 CI	1Y-\$	IT-ZIP			·- 		
TITLE		□- Q FLETE	5.1 Til	ILF					Chang	ge 🔲 Addition
NAME			5.2 NA	ME						
STREET ADDRESS			5.3 \$1	REET	ADDRESS					
CITY-ST-ZIP			5.4 CI		7 - ZIP	. <u></u>	• • • • • • • • • • • • • • • • • • • •		_	
TITLE		☐ DELETE	6.1 TIT	ILE					Chang	ge 🔲 Addition
NAME			6.2 NA	ME						
STREET ADDRESS			6.3 \$1	REET	ADDRESS					
:PITV - 01 - 710			64.00	tv r	3 710					

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 supplimental 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 jeceiver 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 chapted, or on an attachment with an address.