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

DOCUMENT # P95000065064 (4)

WIELAND REICHLE, INC.

606 BALD EAGLE DRIVE SUITE 500	606 BALD EAGLE DRIVE SUITE 500	
Principal Place of Business	Mailing Address	

FILED Apr 04 1997 8:00am Secretary of State



MARCO ISLAN	ND FL 33907	MARCO ISLAND FL 3414	5-2731			3. Date Incorporated or Qualified 08/22/1995	į.	e of Last F 4/1996	Report	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		A	pplied For	
21 26						65-0612144		Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired	Additional equired			
City & State City & State						Election Campaign Financing \$5.00 May				
23 Ζφ	Country	28	Т с						to Fees	
a	25	210		itar iti y		This corporation has liability form Florida Statutes	ntangible t Yes		s. 199.032,	
24	g. Name and Address of Cu		30	7		10. Name and Address of New Reg				
				81	Name					
	OODWARD, CRAIG R 3 BALD EAGLE DRIVE SUITE 5	:00			~ <u></u>	ddress (P.O. Box Number is Not Acceptable)				
) WOODWARD PIRES ANDES	_		82	Street Add					
	RCO ISLAND FL 33937	UN LUMBANDU PA		83	<u> </u>					
MA	HOO ISDAND EL 33831									
				84	City		FI	85 Zip	Code	
agent 1 SIGNATURE	am familiar with, and accept the c	obligations of, Section 607.0505, f	Florida Sta	atutes	š.	ition's board of directors. I hereby accep	DATE.	antment as	registered	
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12	
1 DLE	D	DELETE	DELETE 1.1 T					Change	Addition	
NAME	REICHLE, WIELAND		12	12 NAME						
STREET A TORES:	. ∫ 606 BALD EAGLE DRIVE SI	UITE 500	13:	STREET	ADDRESS					
CITY 51-761	MARCO ISLAND FL 33937		1.41	CITY-S	T- ZIP					
MEE	D DELETE		2.1	2.1 TITLE			ļ	Change	Addition	
P7A6		REICHLE, MARGIT		2.2 NAME						
STREET ADDRESS	606 BALD EAGLE DRIVE SUITE 500		2.3	STREET	ADDRESS					
City - ST - ZiF	MARCO ISLAND FL 33937	MARCO ISLAND FL 33937		2 4 CITY-ST-ZIP		**************************************				
TIRE		☐ DELETE		TITLE	į.			Change	Addition	
MAME				NAME						
STEPCT ALERESS	5				ADDRESS					
CBY-ST 7/P		DELETE		CITY - S	ST-ZIP			Change	Addition	
1 ILF		□ htrtst	•	TITLE Name	1			— Change	L AUGITION	
NAME CONFECT APPROXICE	, [ADORESS					
STREET ADDRESS	`			SIREEI CITY-\$						
CHY+S1-ZiP TITLE				TITLE	1-ZIF			Change	Addition	
NAM:		~		NAME			•		_	
STREET ADDRESS	4				ADDRESS					
CITY ST-ZIP				CITY-S	1					
11'14		DELETE		TITLE			••••	Change	Addition	
NAME				NAME						
STREET ADORESS	S		6.3	STREET	ADDRESS					
CDY-\$1-26			6.4	CITY-S	T-ZIP					
	who contifue that the information run	poliod with this filing does not out				id in Section 119.07(3)(i). Florida Statutes	Lfurther	certify that	t the	

I do hereby certify that the information supplied with this filling/does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. Forther certify that the information indicated on this annual report of suppliers that provide provide and accurate and that my signature shall have the same legal effect as if made under oath, that I am officer or director of the corporation on the report of that my name appears in Block 12 or Block 13 if changes of any math information with an address.

SIGNATURE:

NATURE IND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

EICHLE (941)69
Date Dayline Phy

INTERTORE #