

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

1 of 2

PROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
 97 SEP -8 AM 11: 09
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P95000065431 (5)
 1. Corporation Name
 W.D.D.L. VENTURE CORP.



Principal Place of Business: 1300 LAKE COMO DRIVE LUTZ FL 33549
 Mailing Address: 1300 LAKE COMO DRIVE LUTZ FL 33549

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/23/1995	04/16/1996
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		59-3345188	Not Applicable
24 Country		30 Country		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 owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GATES, RICHARD P 1300 LAKE COMO DRIVE LUTZ FL 33549				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GATES, RICHARD P	1.2 NAME	9100002289899-4
STREET ADDRESS	1300 LAKE COMO DRIVE	1.3 STREET ADDRESS	-03/10/97--01118--016
CITY-ST-ZIP	LUTZ FL 33549	1.4 CITY-ST-ZIP	***165.00 ***165.00
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEQUITTA, RICHARD P	2.2 NAME	
STREET ADDRESS	1300 LAKE COMO DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOGER, DAN D	3.2 NAME	
STREET ADDRESS	1864 DAIGUIRI LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOGER, WENDY K	4.2 NAME	
STREET ADDRESS	1864 DAIGUIRI LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

CR2E034 (4/97)

2062

September 2, 1997

Florida Department of State
Sandra B. Mortham
Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: 1997 Profit Corporation Annual Report
Second Notice

Dear Sirs:

When I first received the second notice for 1997 Profit Corporation Annual Report Filing Fee, it was difficult for me to understand why it said second notice since I had not received the first notice. I immediately called your office and was told that, in fact, some of the first notices were missing and had not been delivered. They suggested I write this explanation and send a check for \$165.00 and ask that you accept it with no penalty, since we were not at fault.

Thanking you in advance for your consideration.

Sincerely,



Richard P. Gates
W.D.D.L. Venture Corp.

RPG/sc