

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.)

10/2

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 <b>1300 LAKE COMO DRIVE LUTZ FL 33549</b>	Mailing Address <b>1300 LAKE COMO DRIVE LUTZ FL 33549</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/23/1995</b>	3a. Date of Last Report <b>04/16/1996</b>
4. FEI Number <b>59-3345188</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**GATES, RICHARD P  
1300 LAKE COMO DRIVE  
LUTZ FL 33549**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GATES, RICHARD P</b>	1.2 NAME	<b>9000002289899-4</b>
STREET ADDRESS	<b>1300 LAKE COMO DRIVE</b>	1.3 STREET ADDRESS	<b>-03/10/97-01118-016</b>
CITY-ST-ZIP	<b>LUTZ FL 33549</b>	1.4 CITY-ST-ZIP	<b>***165.00 ***165.00</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEQUITTA, RICHARD P</b>	2.2 NAME	
STREET ADDRESS	<b>1300 LAKE COMO DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LUTZ FL 33549</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOGER, DAN D</b>	3.2 NAME	
STREET ADDRESS	<b>1864 DAQUIRI LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LUTZ FL 33549</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOGER, WENDY K</b>	4.2 NAME	
STREET ADDRESS	<b>1864 DAQUIRI LANE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LUTZ FL 33549</b>	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