

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.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000072523 (0)

1. Corporation Name
WICKERSHAM REALTY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 320787
COCOA BEACH FL 32832

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COCOA BEACH FL 32832

97 AUG 14 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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.		09/19/1995		04/11/1996	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		59-3341786		Not Applicable	
24 Country		29 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.		Yes No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HARR, DEBRA 6767 N. WICKHAM RD., STE. 400 MELBOURNE FL 32940				81 Name DALE E. Wickersham			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 220 N. ATLANTIC AVE			
				84 City COCOA BEACH FL 85 Zip Code 32931			

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P WICKERSHAM, DALE E	1.1 TITLE	200002270292-136
NAME	P.O. BOX 320787 N/A	1.2 NAME	-08/18/97--01135--002
STREET ADDRESS	COCOA BEACH FL	1.3 STREET ADDRESS	****165.00 ****165.00
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change 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.

SIGNATURE *[Signature]* 8-7-97 402-784-1810

CR2E034 (4/97)



7/29/97

Florida Department of State
409 E. Gaines Street
Tallahassee, FL 32399

To whom it may concern

Enclosed please find the check for our annual report. We regret that this is late and we would like to explain the circumstances.

We did not receive the notice from you. We are not sure if it was undelivered or if it was caused by our secretary and registered agent who has now been released.

We have discovered other such problems and feel that this has been corrected. The \$550.00 would cause a financial hardship and we would respectfully ask that you abate the late fee and accept the check we have enclosed for \$165.00 as full payment.

Your cooperation and assistance will be greatly appreciated.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Dale E. Wickersham', written in a cursive style.

Dale E. Wickersham
President