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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

' Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000094470 (8)

WILCO INVESTMENT CORPORATION

FILED May 14 1997 8:00am Secretary of State

		Mailing Ad		n1		· · · · · · · · · · · · · · · · · · ·				
							Date Incorporated or Qualified 12/11/1995	05/	te of Last)1/1996	•
2, Frincipal 21	Place of Business	2a. Mailing 26	Address				4. FEI Number 65-0722 APPLIED FOR	013		Applied For Not Applicable
Suite, Ap	ot #, etc	Suite, A	spt. #, etc.				5. Certificate of Status Desired			Additional Required
City & St 23	tale	City & 5	State				Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
7φ 24	Country 25	Zip 29		Count 30	lry			Yes [] No	s. 199.032,
	Name and Address of Cur	rent Registered Ag	jent				10. Name and Address of New Re	glatered .	Agent	
W	ILSON, PETER B			.]8	31	Name				
28300 SW 177 AVE HOMESTEAD FL 33030					1.	Street Addre	ss (P.O. Box Number is Not Acceptable)			
					33	:				
				8	34	City		FL	85 Zi	p Code
SIGNATURE 12.	Stigrature, typed or printed name of registered OFFICERS A	AND DIRECTORS	e (NO	TE: Registered /		t signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND	DIRECTO	
NAME	PD WILSON, RICHARD M	•	,	1.2 NAM	MÉ					level resultion
STREET ADDREST	10000 011 11 01					ADDRESS .				
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NAME	WILSON, PETER B			2.2 NAM	AE.	.				
STREET ADDRESS				B		IDDRESS		2.0		
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CHY-S1-70P				4.4 CITY						
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11157		·····	DELETE	5.1 T/TL					Chang	e Addition
NAME.			DELETE		.E				Chang	Addition
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NAME STREET ADDRES CITY: ST-Z-P TIGLE				5.1 T/TL 5.2 NAM 5.3 STRI 5.4 CITY 6.1 TITL 6.2 NAM	E AE EET A Y-ST- E AE	address - ZIP Address				

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

IGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTO

4/29/97 305 248 7076
Daytime Phone #