FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

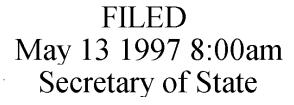
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000094880 (8)

THE WILD WEST INC.



Principal Plac	te of Business	Mailing Address	<u></u>								
PUNTA GORDA			PUNTA GORDA FL 33950-6053								
							3. Date incorporated or Qualified 01/01/1996	3a. Date	of Last Re	aport	
2. Principal F	lace of Business	2a. Mailing Addre	SS				4. FEI Number 65-0627 330			plied For t Applicable	
Suite, Apt.	#, elc	Suite, Apt. #, 6	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A Fee Re		
City & Star	te	City & State			.,		Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
7(p	Country		Zip Cou		ountry		8. This corporation has liability for in				
24	25	29	30		· · · · · · · · · · · · · · · · · · ·			Yes 🗌			
		ss of Current Registered Agent		101	11		10. Name and Address of New Reg	istered Ag	ent		
	th, gary l			81	Name)				, \	
	7 SE 46TH LANE TE 104		82			t Addres	iress (P.O. Box Number is Not Acceptable)				
	E CORAL FL 33904			83							
				84	City			FL	85 Zip (Code	
office or agent. La SIGNATURE.		in the State of Florida. Such change of the obligations of, Section 607.0					ration submits this statement for the pun's board of directors. I hereby accep	t the appoi	ntment as	registered	
12.		FFICERS AND DIRECTORS	13		int aignatu	no recombo	ADDITIONS/CHANGES TO OFFIC	····	DIRECTOR	S IN 12	
TITLE	1 D	☐ DEL		TITLE		\top			Change	Addition	
NAME	SMITH, GARY L		1.2	NAME							
STREET ADDRESS	1317 S.E. 46TH LAN	NE, #104	1.3	STREET	ADDRESS	;				.	
CHTY+ST ZIF	CAPE CORAL FL 33		1.41	CITY-S	T-ZIP						
TITLE		DEL		TITLE				I	Change	Addition	
NAME			2.2	NAME							
STREET ADDRESS			23	STREET	ADDRESS	;					
CITY - ST - ZIP			2.4	CITY-	ST-ZIP						
me		☐ DEL	ETE 31	TITLE					Change	Addition	
NAME			32	NAME							
STREET ADORESS			3.3	STREET	ADDRESS	;					
CITY-ST ZIP				CITY-	ST-ZIP	_					
TIFLE		☐ DEL		TITLE		· I	•	L	Change	Addition	
NAME				NAME			, nC	\			
STREET ADDRESS					ADDRESS	5	(L) ~ (N)	`			
CITY - S* - ZIP	ļ			CITY-S	ST-ZIP		- Aller	г	Chanca	Addition	
TELF		☐ DEL		TITLE			₩ ₹	L	Change	FT VOCUDI)	
NAME				NAME			<i>`\</i>				
STREET ADDRESS					ADDRESS	<i>i</i>	, .				
CHY-ST-ZIP		DEL		CITY-S	ST - ZIP	_			Change	☐ Addition	
Title				TITLE			90000218	ee?	2 CHAINE	LI MUIIION	
NAME CONTINUES OF SECTION				NAME	Inneres	_	-05/23/970101	รกว	1		
STREET ADDRESS			6.3	o intti	ADDRESS	"	90000218 -05/23/970101 ***165.00	iner terber	-	İ	

14. I do hereby certify that the information supplied with this fifthy 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 foreign ation or the receiver of 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 HINTS NAME OF BIGNING OFFICER OR DIRECTOR

4/28/97

(941) 505-0341