FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000096182 (7)**

1. Corporation Name
A.D. WILKINSON, INC.

Principal Place of Business
1420 S. BAYSHORE DR.
APT. 1450
MIAMI FL 33131

Mailing Address
1420 S. BAYSHORE DR.
APT. 1450
MIAMI FL 33131

3. Date Incorporated or Qualified: 12/20/1995
3a. Date of Last Report:

2. Principal Place of Business
21 1420 S. Bayshore DR.
Suite, Apt. #, etc. 22 1405
City & State 23 MIAMI, FL.
Zip 24 33131 Country 25 USA

2a. Mailing Address
26 1420 S. Bayshore DR.
Suite, Apt. #, etc. 27 1405
City & State 28 MIAMI, FL.
Zip 29 33131 Country 30 USA

4. FEI Number: 65-0632959 Applied For ☐ Not Applicable ☐
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
WILKINSON, ANDREW D
1420 S. BAYSHORE DR.
APT. 1450
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name [redacted]
82 Street Address (P.O. Box Number is Not Acceptable) 1420 S. BAYSHORE DRIVE
83 APT. 1405
84 City MIAMI FL 85 Zip Code 33131

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: typed or printed name of registered agent, title of officer or director (NOTE: Registered Agent signature required when designating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☑ DELETE
NAME	WILKINSIN, ANDREW D	
STREET ADDRESS	1420 S. BAYSHORE DR. APT. 1405	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	S	☑ DELETE
NAME	WILKINSIN, ANDREW D	
STREET ADDRESS	1420 S. BAYSHORE DR. APT. 1405	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	P.S.D	☐ Change ☑ Addition
3.2 NAME	ANDREW D. WILKINSON	
3.3 STREET ADDRESS	1420 S. BAYSHORE DR., APT. 1405	
3.4 CITY-ST-ZIP	MIAMI, FL. 33131	
4.1 TITLE	D.	☐ Change ☑ Addition
4.2 NAME	VICTORIA WILKINSON	
4.3 STREET ADDRESS	1457 PERSIDIO DR.	
4.4 CITY-ST-ZIP	FT. LAUDERDALE, FLA. 33327	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: X Victoria Wilkinson — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
~~ANDREW D. WILKINSON~~ VICTORIA WILKINSON
Date 1/96
305-358-0714 Daytime Phone #

CR2E034 (12/95)