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Mar 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000007655 (9)

1. Corporation Name:
WILESMITH DEL GIGANTE, INC.



Principal Place of Business

139 N COUNTY ROAD STE 29
PALM BEACH FL 33480

Mailing Address

139 N COUNTY ROAD STE 29
PALM BEACH FL 33480-3950

105 S. Narcissus Ave
West Palm Beach FL 33401 ← Same

2. Principal Place of Business

21 105 S. Narcissus Ave

2a. Mailing Address

26 105 S. Narcissus Ave

Suite, Apt. #, etc.

22 West Palm Beach

Suite, Apt. #, etc.

27 Suite 402

City & State

23 FL

City & State

28 West Palm Beach FL

Zip

24 33401

Country

25 P Beach

Zip

29 33401

Country

30 Palm Beach

9. Name and Address of Current Registered Agent

BRAMS, DANIEL J
1645 PALM BEACH LAKES BLVD
SUITE 1050
WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified

01/22/1996

3a. Date of Last Report

4. FEI Number

65-0662697

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PD
NAME WILESMITH, MARGARET
STREET ADDRESS 139 N COUNTY ROAD SE 29
CITY-ST-ZIP PALM BEACH FL 33480

TITLE STD ☐ DELETE

NAME DEL GIGANTE, MICHAEL
STREET ADDRESS 139 N COUNTY ROAD SE 29
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

President PD
Margaret Wilesmith
222 D North County Road
Palm Beach FL 33480

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Vice President VSTD
Michael Del Gigante
17334 Lake Park Rd
Boca Raton FL 33487

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/97

5619899551

CR2E034 (9/96)