FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

Mailing Address

STE 402

US

105 S. NARASSUS AVE.

W. PALM BCH FL 33401

2a. Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

2. Principal Place of Business

105 S. NARCISSUS AVE.

W. PALM BCH FL 33401

US

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Feb 18, 1999 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualifed

01/22/1996

4. FEI Number

02-18-1999 90025 029 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000007655

WILESMITH DEL GIGANTE, INC.

21 26 65-0662697 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes the current year Intangible 24 25 29 30 Personal Property Tax. Yes ΠNo 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BRAMS, DANIEL J Street Address (P.O. Box Number is Not Acceptable) 1645 PALM BEACH LAKES BLVD **SUITE 1050** WEST PALM BEACH FL 33401 84 City 85 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). 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE □ DELETE 1.1 TITLE ☐ Addition NAME MARGARET WILESMITH 1.2 NAME STREET ADDRESS 222 D NORTH COUNTY RD. 1.3 STREET ADDRESS CITY-ST-ZIP <u>Palm Beach Fl</u> 1.4 CITY-ST-ZIP ☐ DELETE TITLE 2.1 TITLE Addition ☐ Change NAME DEL GIGANTE, MICHAEL 2.2 NAME STREET ADDRESS 17334 LAKE PARK RD. 2.3 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** 2. 4 CITY-ST-ZIP DELETE 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 ☐ DELETE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE ☐ Addition 51 TITLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Addition ☐ Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

officer or director of the corp Block 12 or Block 13 if char ed, or on an attachment with an address, with all other like empowered.

64 CITY-ST-ZIP 14. I 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 CR2E034 (11/98)