

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

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000018837

1. Corporation Name
Wheeler Group, Inc.

Principal Place of Business Mailing Address

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. 319 Clematis ST.	26. 319 Clematis ST.	2/29/96	
22. Suite 804	27. Suite 804	4. FEI Number	Applied For
23. West Palm Beach, FL	28. West Palm Beach, FL	65-0745861	Not Applicable
24. 33401	29. 33401	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. U.S.	30. U.S.	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	10. Name and Address of New Registered Agent
	81. Name David M. Bovi
	82. Street Address (P.O. Box Number is Not Acceptable) 319 Clematis Street
	83. Suite 804
	84. City West Palm Beach, FL
	85. Zip Code 33401

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 *David M. Bovi* DATE 4/25/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE	☐ DELETE	11. TITLE	☐ Change ☒ Addition
12. NAME		12. NAME	President/Secretary
13. STREET ADDRESS		13. STREET ADDRESS	Cynthia M. Bovi
14. CITY-STATE-ZIP		14. CITY-STATE-ZIP	3 Wheeler ST, Auburn, NY 13021
15. TITLE	☐ DELETE	21. TITLE	☐ Change ☐ Addition
16. NAME		22. NAME	
17. STREET ADDRESS		23. STREET ADDRESS	
18. CITY-STATE-ZIP		24. CITY-STATE-ZIP	
19. TITLE	☐ DELETE	31. TITLE	☐ Change ☐ Addition
20. NAME		32. NAME	
21. STREET ADDRESS		33. STREET ADDRESS	
22. CITY-STATE-ZIP		34. CITY-STATE-ZIP	
23. TITLE	☐ DELETE	41. TITLE	☐ Change ☐ Addition
24. NAME		42. NAME	
25. STREET ADDRESS		43. STREET ADDRESS	
26. CITY-STATE-ZIP		44. CITY-STATE-ZIP	
27. TITLE	☐ DELETE	51. TITLE	☐ Change ☐ Addition
28. NAME		52. NAME	
29. STREET ADDRESS		53. STREET ADDRESS	
30. CITY-STATE-ZIP		54. CITY-STATE-ZIP	
31. TITLE	☐ DELETE	61. TITLE	☐ Change ☐ Addition
32. NAME		62. NAME	
33. STREET ADDRESS		63. STREET ADDRESS	
34. CITY-STATE-ZIP		64. CITY-STATE-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 contained 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: *Cynthia M. Bovi* DATE 4/25/97 DAYTIME PHONE (315) 253-7576

CR2E034 (9/96)