

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000018837 (0)

1. Corporation Name

WHEELER GROUP, INC.

Principal Place of Business

319 CLEMATIS ST.
SUITE 804
WEST PALM BEACH FL 33401

Mailing Address

319 CLEMATIS ST.
SUITE 804
WEST PALM BEACH FL 33401

2. Principal Place of Business

21 324 Datura Street

Suite, Apt. #, etc.

26 Mailing Address

324 Datura Street

Suite, Apt. #, etc.

22 Suite 200

City & State

27 City & State

23 West Palm Beach, FL

Zip

28 Zip

24 33401

Country

25 USA

29 33401

30 USA

B. Name and Address of Current Registered Agent

BOVI, DAVID M
319 CLEMATIS STREET
SUITE 804
WEST PALM BEACH FL 33401

81 Name

David M. Bovi

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

324 Datura Street

83 Suite 200

City

West Palm Beach

FL

Zip Code

33401

84

4/28/98

DATE

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	NAME	1.1 TITLE	□ Change □ Addition
PS	BOVI, CYNTHIA M	1.2 NAME	
STREET ADDRESS	3 WHEELER STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURN NY 13021	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	□ Change □ Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	□ Change □ Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		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 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, or on an attachment with an address.

SIGNATURE:

Cynthia M. Bovi

4/28/98

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