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

**PROFIT** CORPORATION ANNUAL REPORT

1997

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000024959 (4)

WILD HORSES CONSULTING, INC.

Principal Place of Business Mailing Address 2255 GLADES ROAD 2255 GLADES ROAD SUITE 110E SUITE 110E **BOCA RATON FL 33431** BOCA RATON FL 33431-7360 3. Date Incorporated or Qualified 3a. Date of Last Report 03/20/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-06521 Not Applicable 21 26 Sulte, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Added to Fees 28 Trust Fund Contribution Zip Country Zip Country This corporation has liability for intengible tax under s. 199.032, 🔀 Yes 🔲 No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WUNNER, VALERIE J 2255 GLADES ROAD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 110E 83 **BOCA RATON FL 33431** 84 City Zip Code 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) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 18. DELETE TITLE 1.1 TITLE Change Addition **BRYAN-WUNNER, VALERIE** NAME 1.2 NAME 2255 GLADES RD, SUITE 110E STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE **X** Addition TITLE 2.1 TITLE ☐ Change Hargrove, Debra L NAME 2.2 NAME 12560 Countryside Terrace STREET ADDRESS 2.3 STREET ADDRESS Cooper city, PL 33330 CITY-ST-ZIP 2. 4 CHTY - ST - ZIP DELETE TITLE Change Addition 3.1 TITLE Wunner, S Bruce 2255 Glades Rd. Svite 110E Boca Raton , FL 33431 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. C(1Y-\$1-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETÉ Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE

14. I do hereby certify that the information supplied with this filting 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.

63 STREET ADDRESS 6 4 CITY - ST - ZIP

62 NAME

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**FILED** May 07 1997 8:00am Secretary of State

