

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Mar 26 1998 8:00am
Secretary of State

DOCUMENT # **P96000024959 (4)**

1. Corporation Name

WILD HORSES CONSULTING, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**2255 GLADES ROAD
SUITE 110E
BOCA RATON FL 33431**

Mailing Address
**2255 GLADES ROAD
SUITE 110E
BOCA RATON FL 33431**

2. Principal Place of Business
21 12560 Countryside Terrace

2a. Mailing Address
21 12560 Countryside Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
22 Cooper City, FL

27 City & State
27 Cooper City, FL

23 Zip
23 33330

Country
25 USA

28 Zip
28 33330

Country
30 USA

3. Date Incorporated or Qualified

03/20/1996

4. FEI Number

65-0652182

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**

7. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

8. Name and Address of Current Registered Agent

**WUNNER, VALERIE J
2255 GLADES ROAD
SUITE 110E
BOCA RATON FL 33431**

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

TITLE
D
NAME
BRYAN-WUNNER, VALERIE
STREET ADDRESS
2255 GLADES RD, SUITE 110E
CITY-ST-ZIP
BOCA RATON FL 33431

☐ DELETE

TITLE
P
NAME
HARGROVE, DEBRA L
STREET ADDRESS
12560 COUNTRYSIDE TERRACE
CITY-ST-ZIP
COOPER CITY FL

☐ DELETE

TITLE
V
NAME
WONNER, S B
STREET ADDRESS
2255 GLADES RD SUITE 110-E
CITY-ST-ZIP
BOCA RATON FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

Wunner, SB

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 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:

Debra L Hargrove

3-21-98

954 236-1047

CR2E034 (10/97)