

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

FILED

Mar 13 1997 8:00am
Secretary of State

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

DOCUMENT # **P96000027836 (1)**

1. Corporation Name
WULFERT ROAD, INC.

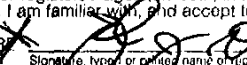


Principal Place of Business 15300 FIDDLESTICKS BLVD. FT. MYERS FL 33912	Mailing Address 15300 FIDDLESTICKS BLVD. FT. MYERS FL 33912-3012
---	--

2. Principal Place of Business 21 1149 Periwinkle Way Suite, Apt. #, etc. 22 City & State 23 Sanibel, Florida Zip Country 24 33957 25 USA		2a. Mailing Address 26 1149 Periwinkle Way Suite, Apt. #, etc. 27 City & State 28 Sanibel, Florida Zip Country 29 33957 30 USA		3. Date Incorporated or Qualified 03/29/1996	3a. Date of Last Report
		4. FEI Number 65-0686356		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent SIMMONDS, DR. WILLIAM J SR. 15300 FIDDLESTICKS BLVD. FT. MYERS FL 32912		10. Name and Address of New Registered Agent 81 Name John J. Naumann 82 Street Address (P.O. Box Number is Not Acceptable) 1149 Periwinkle Way 83 84 City Sanibel FL 85 Zip Code 33957	
---	--	---	--

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  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONDS, DR. WILLIAM J SR.	1.2 NAME	Jeffrey J. Milton
STREET ADDRESS	15300 FIDDLESTICKS BLVD.	1.3 STREET ADDRESS	2405 Wulfert Road
CITY-ST-ZIP	FT. MYERS FL 32912	1.4 CITY-ST-ZIP	Sanibel, FL 33957
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Gregory M. Kapfer
STREET ADDRESS		2.3 STREET ADDRESS	8459 Clover Leaf Drive
CITY-ST-ZIP		2.4 CITY-ST-ZIP	McLean, Va 22102
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Carolyn Bethea-Smith
STREET ADDRESS		3.3 STREET ADDRESS	7945 MacArthur Blvd #214
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Cabin John, MD 20818 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: 

(301) 229-7727

CP2E034 (9/96)