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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000061311

1. Corporation Name

WILKENING ENTERPRISES, INC.

Principal Place of Business Mailing Address					1 1881/1881 sid råtig britt bons obsis obsis obsis	ANDE SIDED ITIDI ELEDS NIDE SEDI
243 ROBIN DR 243 ROBIN DR						
SARASOTA FL 34236 SARASOTA FL 34236					DO MOT INCITE IN THE	DDAGE.
					DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualifed 07/22/1996	
Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
26					65-0725781	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional
27					o. Contracts of Callet Deliver	Fee Required
City & State		City & State	¬ ´		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	/	8. This corporation owes the current year Inter-	
24	25	29 30			Personal Property Tax. 10. Name and Address of New Registered	
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Registered	-yent
WILKENING, KURT F						
243 ROBIN DR			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
SARASOTA FL 34236			83			
0/110	10011112 01200		63			
			84	City	FI	85 Zip Code
	607.057	00 - 1007 4500 FL il- Cut to 1			· · · · · · · · · · · · · · · · · · ·	changing its registered
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was autho	nzed by	the corporat	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appoin	ntment as registered
SIGNATURE		2075 5			ped when reinstating) DATE	
12.	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: Reg	13.	nt signature requi	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		7.00.1101.010	☐ Change ☐ Addition
NAME			1.2 NAME			
STREET ADDRESS				T ADDRESS		
	1 m 1 0 0 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m		1.4 CITY-5			
CITY-ST-ZIP			2.1 TITLE	31-ZIF		☐ Change ☐ Addition
NAME			2.2 NAME			
				T ADDRESS		
STREET ADDRESS			2.4 CITY-	ļ		
CITY-ST-ZIP TITLE			3.1 TITLE	31-21		☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS				T ADDRESS		
			3.4. CITY-:			
CITY-ST-ZIP		DELETE	4.1 TITLE	51-211		☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS				T ADDRESS		
	•		4.4 CITY-5			
CITY-ST-ZIP TITLE			5.1 TITLE	/1 · ΔII		☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY- 9	ST-ZIP		
TITLE		□ DELETE	6.1 TITLE			☐ Change ☐ Addition

6.2 NAME

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 employed 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

OFFICER OR DIRECTOR

FILED

May 10, 1999 8:00 am Secretary of State

05-10-1999 90022 021 ***150.00