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Mar 10 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000079671 (9)
1. Corporation Name
WILDWOOD PROPERTY MANAGEMENT, INC.



Principal Place of Business: 4424 NORTH US 301 WILDWOOD FL 34785
Mailing Address: 4424 NORTH US 301 WILDWOOD FL 34785-8383

3. Date Incorporated or Qualified: 09/25/1996
3a. Date of Last Report
4. FEI Number: 59-3409702
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
FARKUS, BILL
4424 NORTH US 301
WILDWOOD FL 34785

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	Pres	Bill Farkus	<input checked="" type="checkbox"/> DELETE
NAME		4424 N. US 301	
STREET ADDRESS		Wildwood, Fla	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Debbie Farkus	
2.3 STREET ADDRESS	4424 N. US 301	
2.4 CITY-ST-ZIP	Wildwood Fla 34785	
3.1 TITLE	Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Kim Theige	
3.3 STREET ADDRESS	P.O. Box 424 12215 CR 245E	
3.4 CITY-ST-ZIP	Oxford, Fla	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	David Farkus	
4.3 STREET ADDRESS	4424 N US 301	
4.4 CITY-ST-ZIP	Wildwood, Fla	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Tori Farkus	
5.3 STREET ADDRESS	4424 N US 301	
5.4 CITY-ST-ZIP	Wildwood, Fla	
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Lee Theige	
6.3 STREET ADDRESS	P.O. Box 424 12215 CR 245E	
6.4 CITY-ST-ZIP	Oxford, Fla	

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, unchanged, or on an attachment with an address.

SIGNATURE: *Debbie Farkus* 1-32-97 352 748 2337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)