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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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

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

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

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: *Neelva Farkus* 1-32-97 352 748 2337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)