## 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

DOCUMENT # P96000079671 (9)

WILDWOOD PROPERTY MANAGEMENT, INC.

**FILED** May 15 1998 8:00 am Secretary of State



Principal Place of Business Mailing Address 4424 NORTH US 301 WILDWOOD FL 34785 WILDWOOD FL 34785					DO NOT WRITE IN THIS		
					3. Date Incorporated or Qualified 09/25/1996		
2. Principal Place of Business		2a. Mailing Address 26	26		4. FEI Number 59-3409702	No	oplied For ot Applicable
Suite, Apt. #, etc Suite, Apt. #, e  22 27  City & State City & State					5. Certificate of Status Desired	Fee Re	Additional equired
23	Country	28 Zip	Country		6. Election Campaign Financing Trust Fund Contribution	Added	May Be to Fees
Zip 24	25	29	30	•	This corporation owes or has paid the cu     Personal Property Tax due June 30.	_ ′ _	tangible No
	9. Name and Address of Ci				10. Name and Address of New Registered		
FAI	RKUS, BILL		81	Name			
4424 NORTH US 301 WILDWOOD FL 34785			82	Street	Address (P.O. Box Number is Not Acceptable)		
			83				
			84	City	FL	<b>85</b> Zip (	Code
office or re agent. I ar SIGNATURE	egistered agent, or both, in the \$	State of Florida Such change was a obligations of Section 607.0505, Flo	uthorized by rida Statute	y the carş s.	d corporation submits this statement for the purpose of poration's board of directors. I hereby accept the appearance of the statement of the purpose of the	of changing it pointment as	s registered registered
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOF	₹S IN 12
TITLE	P	DELETE	1.1 TITLE			Change	Additio
NAME	Farkus, Bill		1.2 NAME				
STREET ADDRESS	4424 NO US 301		1.3 STREET	ADDRESS			
CITY-ST-ZIP	WILDWOOD FL	<u></u>	1.4 CITY - 9	T-ZIP			
TITLE	S	☐ DELETE	2.1 TITLE			Change	Addite
NAME	FARKUS, DEBBIE		2.2 NAME				
STREET ADDRESS	4424 NO US 301 WILDWOOD FL		2.3 STREET				
CITY-ST-ZIP TITLE	D TE	☐ DELETE	2 4 CITY -: 3 1 TIPLE	ST - ZIP		Change	Additio
NAME	THEIGE, KIM	better	32 NAME			Change	Additio
STREET ADDRESS	POST OFFICE BOX 424	12215 CR 245E	3 3 STREET	ADDRESS			
CITY-ST-ZIP	OXFORD FL		3 4, CITY-1				
TITLE	D	☐ DELETE	4.1 TITLE			Change	Additio
NAME	FARKUS, DAVID		4. 2 NAME				
STREET ADDRESS	4424 NO US 301		4.3 STREET	address			
CITY-ST-ZIP	WILDWOOD FL		4.4 CITY - S	1 - Z!P			
TYTLE	D	DELETE	5.1 TOTLE			Change	Addition
NAME	FARKUS, TORI		5.2 NAME				
STREET ADDRESS	4424 NO US 301		5.3 STREET	ADDRESS			
CITY-ST-ZIP	WILDWOOD FL	Darier	5.4 CITY - S	T - ZIP		Change	T Address
TITLE	d Theige, lee	☐ DEFELE	6.1 TELE			☐ Change	Addition
NAME CIDECT ADDRESS	POST OFFICE ROY 424	12215 CR 245 E	6.2 NAME	4DDDCCC			
STREET ADDRESS	OXFORD FL	, a	6.3 STREET				
CITY-ST-ZIP		ed with this filing does not qualify fo	6.4 CITY-S r the exemp		Led in Section 119.07(3)(i), Florida Statutes. I further co	ertify that the	information
indicated of officer or o	on this annual report or supplem	nental annual report is true and accuracy receiver or trustee empowered to e	urate and the	at my sia	nature shall have the same legal effect as if made ur s required by Chapter 607, Florida Statutes, and that	nder oath, tha	at I am an

LIBOR STORY OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 5 98 352 748 2337
Daystrie Picne # 0558102