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Mailing Address

2166-A ANCHORAGE LANE

NAPLES FL 34104-4205

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 22 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000083090 (6)

HARRY H. WILTSE, INC.

Lam an officer or director of the corporation or the appears in Block 12 or Block 13 if changed, or g

SIGNATURE:

Principal Place of Business

2166-A ANCHORAGE LANE

NAPLES FL 34104

3. Date Incorporated or Qualified 3a. Date of Last Report 4358 4P45 PL 34117 10/08/1996 2a. Malling Address 4. FEI Number Applied For Not Applicable 21 16-1274407 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 $Z_{\rm ID}$ Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes YVV 24 30 Florida Statutes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Frank, ann t 1842 AIRPORT ROAD SOUTH Street Address (P.O. Box Number is Not Acceptable) 82 NAPLES FL 34112 63 City 84 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 Fibrida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. tirle if applicable Signature, typical or printed name of registered agent and (NOTE: Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. 96/6) Change Addition DELETE 1.1 TITLE TITLE WILTSE, HARRY H NAMI 1.2 NAME 2166-A ANCHORAGE LANE STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 34104 CHTY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CHTY - \$1 - 715 DELETE 3.1 TITLE Change Addition THEF 32 NAME NAME **33 STREET ADDRESS** STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST 201 DELETE Addition 4.1 TITLE THE NAME. 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CHY-ST ZIP DELETE Change Addition 5.1 TITLE THILE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - S1 - 24P Addition DELETE Change 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 01*Y-\$1-719 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 sepondary required by Chapter 607, Florida Statutes; and that my name