

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

**FILED**

**May 01 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000084963 (3)**

1. Corporation Name  
**WIFL DEVELOPMENT, INC.**



Principal Place of Business <b>2131 SOUTH WEBSTER AVENUE GREEN BAY WI 54301-2258</b>	Mailing Address <b>2131 SOUTH WEBSTER AVENUE GREEN BAY WI 54301-2258</b>
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3. Date Incorporated or Qualified <b>10/07/1996</b>	3a. Date of Last Report
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2. Principal Place of Business <b>21 7906 Hopi Place</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 7906 Hopi Place</b> Suite, Apt. #, etc.
22 City & State <b>23 Tampa, Florida</b>	27 City & State <b>28 Tampa, Florida</b>
24 Zip <b>33634</b>	25 Country <b>USA</b>
29 Zip <b>33634</b>	30 Country <b>USA</b>

4. FEI Number <b>59-3413272</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**JOY, JOHH P  
TWO SOUTH BISCAYNE BOULEVARD  
25TH FLOOR  
MIAMI FL**

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 <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>JOHNSON, RICHARD W</b>	
STREET ADDRESS <b>3022 AUTUMN LEAVE CIRCLE</b>	
CITY-ST-ZIP <b>GREEN BAY WI 54313</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>NIFONG, LARRY L</b>	
STREET ADDRESS <b>2131 SOUTH WEBSTER AVENUE</b>	
CITY-ST-ZIP <b>GREEN BAY WI 54301-2258</b>	
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	
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 type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>V/D Paris, Ray</b>
2.3 STREET ADDRESS	<b>10568 Rio Hermosa</b>
2.4 CITY-ST-ZIP	<b>Delray Beach, FL 33446</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>SUMON, HAMID T/D</b>
3.3 STREET ADDRESS	<b>5019 WESLEY DRIVE</b>
3.4 CITY-ST-ZIP	<b>TAMPA, FL 33647</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>P/S/D SAMI, ALLEN</b>
4.3 STREET ADDRESS	<b>2658 N.W. 64TH BOULEVARD</b>
4.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33496</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 if changed, or on an attachment with an address.

SIGNATURE:  **Richard W. Johnson** President **April 23, 1997** 813-243-8464

CR2E034 (9/96)