

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

FILED

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000084963 (3)

1. Corporation Name
WIFL DEVELOPMENT, INC.



Principal Place of Business: **2131 SOUTH WEBSTER AVENUE GREEN BAY WI 54301-2258**
Mailing Address: **2131 SOUTH WEBSTER AVENUE GREEN BAY WI 54301-2258**

3. Date Incorporated or Qualified: **10/07/1996**
3a. Date of Last Report: _____
4. FEI Number: **59-3413272**
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 7906 Hopi Place**
Suite, Apt. #, etc.: _____
City & State: **22 Tampa, Florida**
Zip: **24 33634** Country: **25 USA**
2a. Mailing Address: **26 7906 Hopi Place**
Suite, Apt. #, etc.: _____
City & State: **27 Tampa, Florida**
Zip: **29 33634** Country: **30 USA**

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: _____ State: **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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D <input checked="" type="checkbox"/> DELETE	JOHNSON, RICHARD W	1.1 TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: JOHNSON, RICHARD W	3022 AUTUMN LEAVE CIRCLE	1.2 NAME: _____	
STREET ADDRESS: 3022 AUTUMN LEAVE CIRCLE	GREEN BAY WI 54313	1.3 STREET ADDRESS: _____	
CITY-ST-ZIP: GREEN BAY WI 54313		1.4 CITY-ST-ZIP: _____	
TITLE: D <input checked="" type="checkbox"/> DELETE	NIFONG, LARRY L	2.1 TITLE: V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME: NIFONG, LARRY L	2131 SOUTH WEBSTER AVENUE	2.2 NAME: Paris, Ray	
STREET ADDRESS: 2131 SOUTH WEBSTER AVENUE	GREEN BAY WI 54301-2258	2.3 STREET ADDRESS: 10568 Rio Hermosa	
CITY-ST-ZIP: GREEN BAY WI 54301-2258		2.4 CITY-ST-ZIP: Delray Beach, FL 33446	
TITLE: _____ <input type="checkbox"/> DELETE		3.1 TITLE: SUMON, HAMID T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: _____		3.2 NAME: 5019 WESLEY DRIVE	
STREET ADDRESS: _____		3.3 STREET ADDRESS: TAMPA, FL 33647	
CITY-ST-ZIP: _____		3.4 CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> DELETE		4.1 TITLE: P/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: _____		4.2 NAME: SAMI, ALLEN	
STREET ADDRESS: _____		4.3 STREET ADDRESS: 2658 N.W. 64TH BOULEVARD	
CITY-ST-ZIP: _____		4.4 CITY-ST-ZIP: BOCA RATON, FL 33496	
TITLE: _____ <input type="checkbox"/> DELETE		5.1 TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: _____		5.2 NAME: _____	
STREET ADDRESS: _____		5.3 STREET ADDRESS: _____	
CITY-ST-ZIP: _____		5.4 CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> DELETE		6.1 TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: _____		6.2 NAME: _____	
STREET ADDRESS: _____		6.3 STREET ADDRESS: _____	
CITY-ST-ZIP: _____		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: _____ **Signature Required** President **April 23, 1997** 813-243-8464
Date Daytime Phone #

CR2E034 (9/96)