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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000087270 (0)

1. Corporation	n Name	· · · · · · · · · · · · · · · · · · ·	,		t			
WILMAR ENTERPRISES INC.								
Principal Place of Business Mailing Address					{			
2104 DOEFIEL		2104 DOEFIELD CT						
VALRIOO FL		VALRICO FL 33594-561	4					
					3. Date Incorporated or Qualified 10/23/1996	3a. Date of	Last Rep	port
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		App	lied For
21		26						Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Regulred			
City & Stat	e	City & State			6. Election Campaign Financing	\$	5.00 M	/av Be
23		28			Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Countr	У	8. This corporation has liability for i	intangible tax u Yes No		199.032,
24	9. Name and Address of Current	29 Registered Agent	30		Florida Statutes 10. Name and Address of New Re			
DIXON, WILLIAM P SR				Name			·	
2104 DOEFIELD CT				Street Add	fress (P.O. Box Number is Not Acceptat	ole)		
VALRICO FL 33594			L					
			83					
			84	Cily		FL 85	Zip Co	ode
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Sta	tutes, the abov	e-named con	poration submits this statement for the c		aina its	registered
office or r	registered agent, or both, in the State o im familiar with, and accept the obligati	f Florida. Such change wa ons of, Section 607,0505.	is authorized b Florida Statule	y the corpora s.	poration submits this statement for the pation's board of directors. I hereby accept	ot the appointm	ent as re	egistered
SIGNATURE	William P DIMM	1	17.00 mm	Piller		4-15-97	1	
	Signature, typed or printed name of registered agent OFFICERS AND	and little if applicable (1	OTE Registered Ap	ent signature requ	lired when reinstating) ADDITIONS/CHANGES TO OFFIC	Livine .		151.40
12.	PRESIDENT-TREAS		13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFIC			Addition
NAME	William S DIKON		1.2 NAME			-		
STREET ADDRESS	WILLIAM P. DIKON 2104 DOEFIELD CT.		1.3 STREE	1 ADORESS				
CITY-ST-ZIP	VALRICO FL. 335	1,4 C(TY-	ST-ZIP			<u>.</u>		
TITLE	VICE PRESIDENT - SECZ. DELETE		2.1 TITLE	į			Change	Addition
NAME STREET ADDRESS	MARGARET E. DIXON		2.2 NAME	1 ADDDECC				
CITY-ST-ZIP	2 104 DOEFIELD CTI VALRICO, FL. 335	94	2.3 STACE 2. 4 CITY	ADDRESS ST. 7IP				
TITLE		DELETE	3.1 TITLE	<u> </u>			hange	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	F ADDRESS				•
CHY-ST-ZIP		DELETE	3.4. CITY -	S1-2IP			hanas	Addition
A TITLE NAME			4.1 TITLE 4. 2 NAME			ن ا	Change	Addition
STREET ADDRESS			. E	T ADDRESS				
CITY-ST-ZIP			4.4 CHY-	4				
TITLE		☐ DELETE	511πμε			C	hange	Addition
NAME			5.2 NAME					
STREET ADDRESS			1	ADDRESS				i
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - 6.1 TITLE	ST-ZIP		Пг	hange	Addition
M NAME			6.2 NAME			۰ ت	oungo i	
STREET ADDRESS			S	I ADDRESS				
CITY-ST-ZIP			6.4 CITY-					

4. 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.

William Dalika

William P. DIXEN

4-15-97 813 6815042

FILED

Apr 21 1997 8:00am

Secretary of State