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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000091102 1. Corporation Name WICKED, INC.

Principal Place of Business
2422 WILTON DR
FT LAUDERDALE FL 33305

FILED Apr 30, 1999 8:00 am Secretary of State 04-30-1999 90084 045 ***150.00



Principal Place of Business	Mailing Address		Į.					
2422 WILTON DR FT LAUDERDALE FL 33305 US				DO NOT WRITE IN THIS SPACE				
•			3. Date Incorporated or Qualifed					
			11/04/1996					
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For				
में	26		65-0733847	Not Applicable				
Suite, Apt. #, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip Country	Zip Country		8. This corporation owes the current year Intangible Personal Property Tax.					
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
NEZBETH, JAMES C		81 Name						
810 NW 39TH STREET		82 Street Address (P.O. Box Number is Not Acceptable)						
FORT LAUDERDALE FL 33309		83						
		84 City	F <u>L</u>	85 Zip Code				
11. Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State	02 and 607.1508, Florida Statutes, the a of Florida. Such change was authorize	above-named corpo d by the corporation	ration submits this statement for the purpose of o's board of directors. I hereby accept the appoin	changing its registered ntment as registered				

office or re agent. I a	egistered agent, or both, in the State of Florida. Such cha m familiar with, and accept the obligations of, Section 607	inge was auth 7.0505, Florida	orized by the corpo Statutes.	ration's board of direc	tors. I hereby accept the	e appointment as reg	istered
SIGNATURE		MOTE D				DATE	
40	Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS	(NOTE: Re	gistered Agent signature re		CHANGES TO OFFIC		2S IN 12
12.		DELETE		ADDITIONS	OTANGES TO OTT TO	☐ Change	Addition
TITLE	-	DELETE	1.1 TITLE			Change	
NAME	NEZBETH, JAMES C		1.2 NAME				
STREET ADDRESS	810 NW 39TH STREET		1.3 STREET ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE FL 33309		1.4 CITY-ST-ZIP			1	
TITLE	VSTD	DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	WHEELER, STEVEN J		2.2 NAME				
STREET ADDRESS	810 NW 39TH STREET		2.3 STREET ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE FL 33309		2.4 CITY+ST-ZIP				<u> </u>
TITLE		DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS	•		3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4.2 NAME				
STREET ADDRESS	•		4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETÉ	5.1 TITLE			. Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP		_	5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP		Clorida Ctatutos fu		famentian

14. I 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 the 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 swith an approximation of the receiver of the corporation of the corporation of the corporation of the receiver of the r

SIGNATURE: