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 # P96000098884 (5)

WILES COMMERCE PARK, INC.

FILED Jun 06 1997 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address	Mailing Address			1 10011081 110 10110 01111 00111 80111 0011	! 		
1480 S.W. 20TH STREET BOCA RATON FL 33486		1460 S.W. 20TH STREET BOCA RATON FL 33486-65	1460 S.W. 20TH STREET BOCA RATON FL 33486-6518						
				·		3. Date incorporated or Qualified 12/04/1996	3a. Date of Las	t Report 1996	
_	lace of Business	 	2a. Mailing Address			4. FEI Number		Applied For	
Suite, Apt.	# etc	26 Suite, Apt. #, etc.	Suite Ant # ste			65-672123	AA =	Not Applicable	
22	π, σι σ.	27	-			5. Certificate of Status Desired	MI '	5 Additional Required	
City & State	8	City & State				Election Campaign Financing \$5.00 May Be			
23		28			:	Trust Fund Contribution Added to Fees			
Zip	Country	Zφ	Zip Country			8. This corporation has liability for intangible tax under s. 199.032,			
24	25 29 30 9, Name and Address of Current Registered Agent					Florida Statutes Yes You			
PION		nt Registered Agent	81	Name	n	10. Name and Address of New He	gistered Agent		
EISINGER, DENNIS J 4000 HOLLYWOOD BLVD				Harre	- 				
SUITE 265-S			82	Stree	t Addres	ss (P.O. Box Number is Not Acceptat	ole)		
HOLLYWOOD FL 33021						· · · · · · · · · · · · · · · · · · ·			
,,,,,			L.			·	·····		
	•		84	City			FL 85 Z	ip Code	
office or r agent. I a	to the provisions of Sections 607 056 egistered agont, or both, in the State m familiar with, and accept the oblig	02 and 607, 1508, Florida Statut e of Florida. Such change was ations of, Section 607,0505, Fl	tes, the abov authorized b orida Statute	e-name y the co s.	d corpo rporatio	ration submits this statement for the p n's board of directors. I hereby acce	ourpose of changing of the appointment	g its registered as registered	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if epplicable. (NO)	E: Registered Ag	enĮ signatu	re required	when reinstating)	DATE		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	D	☐ DELETE	1.1 TITLE		P	73	☐ Chang	ge Addition	
NAME	SCHOENFELDT, JEFFREY S	'n	1.2 NAME		150	HOGNECLD, JEFA	(NGY 5.		
STREET ADDRESS	POST OFFICE BOX 39 N/BOCA RATON FL 33429	H	9	i address	$\mid P \mid$	HOGNECLOT, JEF, O. BOX 39 NA OCA RATON FL	301140		
CITY-ST-ZIP	BOCK NATUR FL 33429	DELETE	1.4 CITY -	S1 - ZIP	"\	OCA KATON FL	33977	. Kalaisiaa	
TITLE NAME		[] DELETE	2.1 TITLE				L Chang	je <u> </u>	
STREET ADDRESS			2.2 NAME	T ADDRESS	.				
CITY-ST-ZIP			2.4 CITY-		'				
TITLE		DELETE	3.1 TITLE	31-21	-		Chang	e Addition	
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	T ADDRESS					
CITY-ST-ZIP			3.4. CITY-	S1 - 21P					
TITLE		☐ DELETE	4.1 TITLE				Chang	ge Addition	
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	ADDRESS					
CITY-ST-ZIP		D pricts	4.4 CITY-1	ST-ZIP	- 				
TITLE		☐ DELETE	5.1 TITLE				Chang	ge Addition	
NAME STREET APPROAGS			5.2 NAME						
STREET ADDRESS				T ADDRESS	•	·			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY :	51 - ZIP			☐ Chang	e Addition	
NAME			6.2 NAME				Overly	- Induitoll	
STREET ADDRESS				I ADDRESS					
CITY-ST-ZIP	•		6.4 CITY-5						
14. I do herek	by certify that the information supplie	d with this filing does not quali	fy for the exe	emplion	stated in	n Section 119.07(3)(i), Florida Statute	s. I further certify th	nat the	
informatio I am an ol appears li	n in dic ated on this annual report or i fficer or director of the corporation o n Block 12 or Block 13 if changed, o	supplemental annual report is t r the receiver or trustee empow r on an atlachment with an add	rue and acc vered to exec dress.	urate an cule this טיו (()	id that m report a	ny signature shall have the same lega as required by Chapter 607, Florida S	ا effect as if made tatules; and that m	under oath; that y name	