04231999-90097-005-$150.00-$150.00

# FILED
# Apr 23, 1999 8:00 am
# Secretary of State
04-23-1999 90097 005 ***150.00

PROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000006383

1. Corporation Name
WILD PALM ENTERPRISES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 6710 MAIN STREET<br>SUITE 130<br>MIAMI LAKES FL 33014 | 6710 MAIN STREET<br>SUITE 130<br>MIAMI LAKES FL 33014 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/22/1997

| | |
|---|---|
| 2. Principal Place of Business (21) | 2a. Mailing Address (26): 220 CONGRESS PARK DR. |
| Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27): Suite 245 |
| City & State (23) | City & State (28): DELRAY BCH FL |
| Zip (24) / Country (25) | Zip (29): 33445 / Country (30): USA |

4. FEI Number: 65-0722843 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ALBERTO, JUAN R
6710 MAIN STREET
SUITE 130
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name: JOSEPH S. MULLINGS
82 Street Address (P.O. Box Number is Not Acceptable): 220 CONGRESS PARK DR ~~#345~~
83 ~~Bel~~ Suite 245
84 City: DELRAY BEACH FL 85 Zip Code: 33445

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>ALBERTO, JUAN R<br>6710 MAIN STREET, SUITE 130<br>MIAMI LAKES FL 33014 | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>ALBERTO, OFELIA<br>6710 MAIN STREET, SUITE 130<br>MIAMI LAKES FL 33014 | ☑ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | VPD<br>MULLINGS, JOSEPH S.<br>220 CONGRESS PARK DR. #245<br>DELRAY BEACH FL 33445 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>ALBERTO, JUAN<br>6710 MAIN STREET, SUITE 130<br>MIAMI LAKES FL 33014 | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>ALBERTO, OFELIA<br>6710 MAIN STREET, SUITE 130<br>MIAMI LAKES FL 33014 | ☑ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | SD<br>MULLINGS, JOSEPH S.<br>220 CONGRESS PARK DR. #245<br>DELRAY BEACH, FL 33445 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (11/98).

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 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, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED — 04/20/99 — 3058278086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #