

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

**FILED**  
**Sep 11 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # P97000024758 (9)**  
 1. Corporation Name  
**WILFUN CORP.**



Principal Place of Business: **587 CALBRE CREST PARKWAY, #205 ALTAMONTE SPRINGS FL 32714**  
 Mailing Address: **587 CALBRE CREST PARKWAY, #205 ALTAMONTE SPRINGS FL 32714**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/19/1997**

4. FEI Number: **59-3444590** 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 owes or has paid the current year Intangible Personal Property Tax due June 30  Yes  No

2. Principal Place of Business (21-24) and Mailing Address (2a-30) fields.

9. Name and Address of Current Registered Agent: **MORRIS, ROBERT E, 4016 HENDERSON BOULEVARD, TAMPA FL 33629**

10. Name and Address of New Registered Agent (81-85) fields.

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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D WILSON, JEFFREY T</b>	1.2 NAME	
STREET ADDRESS	<b>587 CALBRE CREST PARKWAY, #205</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ALTAMONTE SPRINGS FL 32714</b>	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
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	<b>000002637780</b>
CITY - ST - ZIP		6.4 CITY - ST - ZIP	<b>-09/11/98--01093--036</b>
			<b>***150.00</b>

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.

SIGNATURE: *Jeffrey T. Wilson* President **6/18/98** **407 1673 2224**

CR2E034 (10/97)

9-1-98 (2)



To Whom It May Concern:


GymTime for Kids originally filed this report and paid the required \$150 on January 21, 1998. The payment was made with check #5126. To this date, that check is still outstanding and has not been cashed.

In May of this year, we received notice that we had NOT paid, when in fact, we had. We called the Florida Department of State to correct the problem. The woman I spoke with, I wish now that I had recorded her name, told us just to send a duplicate check along with an explanation. We followed her instructions.

Subsequently, we received that check back in the mail - rejected by your office for failure to pay by the due date. This is now my THIRD attempt to pay this corporate filing fee. The first check is still floating out there somewhere, you returned the second check for some bureaucratic reason. I'm asking that you please accept this check so that the matter may be concluded.

Thank you for your prompt attention to this matter.

Sincerely,



Jeff Wilson  
President  
GymTime for Kids