

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 # R97000067108

Wiles Enterprises Inc

FILED

99 NOV 15 PM 6:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2540 University Dr
Coral Springs FL 33071

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Coral Springs FL 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	8/1/97
4. FEI Number	650770136
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21. Street, Apt. #, etc.	26. C/O PBS 9600 W Sample Rd
22. City & State	27. 304
23. Zip	28. Coral Springs FL
Country	Country
25. 33065	30. USA

9. Name and Address of Current Registered Agent

Ron Wiles
2540 University Dr
Coral Springs FL 33071

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. FL	85. Zip Code

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 agent or broker 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: Ron Wiles (NOTE: Registered Agent signature required when reinstating) DATE: 11/9/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	<input type="checkbox"/> DELETE	1.2 NAME	
3. NAME	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
4. NAME	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
5. NAME	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	<input type="checkbox"/> DELETE	2.2 NAME	
7. NAME	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
8. NAME	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
9. NAME	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	<input type="checkbox"/> DELETE	3.2 NAME	
11. NAME	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
12. NAME	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
13. NAME	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	<input type="checkbox"/> DELETE	4.2 NAME	
15. NAME	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
16. NAME	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
17. NAME	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	<input type="checkbox"/> DELETE	5.2 NAME	
19. NAME	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
20. NAME	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
21. NAME	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	<input type="checkbox"/> DELETE	6.2 NAME	
23. NAME	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
24. NAME	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

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: Ron Wiles SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 11/9/99 DAYTIME PHONE #

CR2E034 (11/98)

Professional Business Solutions

The Bottom Line Experts

November 9, 1999

Florida Department of State
Annual Reports Filings
PO Box 6327
Tallahassee, FL 32314

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Re: P97000067108
Wiles Enterprises, Inc.

Dear Sir or Madam:

We are writing on behalf of our above named client. Our client recently went to Union Bank in Coral Springs to open an account. The bank notified him that his annual report had not been filed.

We have prepared the annual report along with a check for \$150.00. We ask on behalf of our client that you accept this report as timely.

Our client operates a hair salon with 10 employees. The mail is delivered to the front desk. Quite often, the employees throw away mail that appears to be junk mail or advertising. My client feels that an employee probably discarded his annual report. Additionally, this is his second year in business and he did not remember that one needed to be filed.

We have changed his mailing address to our office address so that all future reports will be filed in a timely manner.

We await your response.

Sincerely,



Concetta Lupardo