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May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P97000072285
1. Corporation Name WILT'S OF BOCA, INC.

Principal Place of Business 8903 Glades Rd Bay K-1 Boca Raton FL 33434
Mailing Address 21000 Boca Rd Suite K Boca Raton FL 33434

2. Principal Place of Business 21. 8903 Glades Rd Suite, Apt. #, etc. BAY K-1 City & State Boca Raton FL 33434 Zip 33434 Country USA
2a. Mailing Address 26. 21000 Boca Rd Suite, Apt. #, etc. K City & State Boca Raton FL Zip 33434 Country USA

9. Name and Address of Current Registered Agent Emanuel Manolakis 5881 Town Bay Dr #933 Boca Raton, FL 33486

3. Date Incorporated or Qualified 8/7/97
4. FEI Number 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
10. Name and Address of New Registered Agent Philip H. Friedland CPA PA 1499 W. Palmetto Ave Rd Suite 416 Boca Raton FL 33486

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 Philip H. Friedland, CPA DATE 4/29/98
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS
TITLE PROD. NAME ALEXIA MANOLAKIS
STREET ADDRESS 1050 SUTTON RD
CITY-ST-ZIP Piscataway NJ 08854
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
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TITLE NAME
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CITY-ST-ZIP
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE ALEXIA MANOLAKIS (561) 422-1000 AGC 11131