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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90060 029 ***150.00

DOCUMENT # P97000087387

1. Corporation Name

WYLIE & ASSOCIATES, INC.

Principal Place	e of Business	Mailing Addre	ess						BI (39) (41)
1177 SE 3RD AVE.		1177 SE 3RD AVE.							
FT. LAUDERDALE FL 33316			FT. LAUDERDALE FL 33316			DO NOT WIDITE IN THIS SPACE			
						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 10/01/1997			.
<u> </u>		2a. Mailing A	ddroce			4. FEI Number		Appli	ed For
-	lace of Business	—	uuress			65-0790261	}		Applicable
Suite, Apt.	# oto	26 Suite, Apt	t # etc.				\$8	.75 Ad	
——————————————————————————————————————	#, C (C .	27	, •••			5. Certifcate of Status Desired		ee Requ	uired
22 City & Stat	e	City & Sta	ate			- 6. Election Campaign Financing	rı \$	5.00 м	ay Be: .
23	,, ,, ,, ,,	28		· -		Trust Fund Contribution		dded to	
Zip	Country	Zip		Country		8. This corporation owes the curr			_ أ
24	25	29	3	0		Personal Property Tax.			No
	9. Name and Address of Cu	rrent Registered Age	nt			10. Name and Address of New I	Registered Agent		
1414.0	NUO IETEREVO			81	Name				_[
	CHS, JEFFREY S			82	Street A	ddress (P.O. Box Number is Not Accept	able)		
	7 SE 3RD AVE. LAUDERDALE FL 33316				<u> </u>				
Fi. i	LAUDENDALE FL 33310			83	,				1
				84	City		85	Zip Co	ode
					L	Li de dei statoment for the	FL Surpass of change	ing its re	agistored
11. Pursuant	to the provisions of Sections 607.	.0502 and 607.1508, F	lorida Statutes	the above	e-named c	orporation submits this statement for the ration's board of directors. I hereby acce	pt the appointmen	t as regis	stered
office or r	registeren anent of noto til tile Si	iate of Fiorida. Such Ci	nance was auu	nonzeu by	the corpor	iditoria podra di directorali i morea) dese			
office or r	registered agent, or both, in the Si im familiar with, and accept the ob	late of Florida, Such Ci oligations of, Section 6	nange was aud 07.0505, Florid	da Statutes.	the corpor	audit 5 odalo di dilaccia			}
office or r	ım familiar with, and accept the ob	oligations of, Section 6	97.0505, FIORG	oa Statutes.	the corpor		_		}
office or r agent. I a SIGNATURE	im familiar with, and accept the ob-	oligations of, Section 60	97.0505, FIORG	legistered Agen	the corpor	quired when reinstating)	DATE		
office or r agent. I a SIGNATURE	or familiar with, and accept the ob-	d agent and title if applicable.	07,0505, FIОЛО (NOTE: R	tegistered Agen	the corpor	quired when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND DIF		
office or ragent. I a SIGNATURE 12.	Signature, typed or printed name of registered OFFICERS	d agent and title if applicable.	97.0505, FIORG	13.	nt signature rec	ADDITIONS/CHANGES TO OF	DATE FICERS AND DIF	RECTOR	S IN 12
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office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS DPST CUNTON, KELLY	oligations of, Section 61 agent and title if applicable. S AND DIRECTORS	07,0505, FIОЛО (NOTE: R	Registered Agen 13. 1.1 TITLE 1.2 NAME	the corpor	ADDITIONS/CHANGES TO OF	PATE FICERS AND DIF	RECTOR	S IN 12
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office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered OFFICERS DPST CLINTON, KELLY 231 E. 76TH ST., APT. 2C NEW YORK NY 10021	oligations of, Section 61 agent and title if applicable. S AND DIRECTORS	(NOTE: R (NOTE: R) DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE 6.2 NAME	T ADDRESS T-ZIP	DP CLINTONS, KEWBA P.O. BOX 3+ CEUZBA ST. JOHN U.S.V.I. O WALGENWITT JAN P.O. BOX 3+ CEUZBA ST. JOHN U.S.V.I ST. JOHN U.S.V.I ST. JOHN U.S.V.I PEDERSEN VICKI P.O. BOX 1769 CRUZ	DATE FICERS AND DIF OBBI AES AH L. 0083 BAH C. 0083	hange hange	S IN 12 Addition Addition Addition

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: