

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

PROFIT
CORPORATION
ANNUAL REPORT

2000

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
Jul 10, 2000 8:00 am
Secretary of State

05-31-2000 90069 036 ***150.00

DOCUMENT # R:98000029613

1. Corporation Name

2450 WILTON CORP. INC.

Principal Place of Business

3438 NORTH OCEAN BLVD.
FT. LAUDERDALE FL 33308

Mailing Address

3438 NORTH OCEAN BLVD.
FT. LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3/31/98

4. FEI Number

65-0855161

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.☐

Yes

☐

No

9. Name and Address of Current Registered Agent

MARZOLA, CARL S.
3438 N OCEAN BLVD
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 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

Signature, typed or printed name of registered agent or title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PSTC	MARZOLA, CARL S.	3438 N OCEAN BLVD	FT. LAUDERDALE FL	<input type="checkbox"/>
J				<input type="checkbox"/>
D	MARZOLA, CARL S.	3438 N OCEAN BLVD.	FT. LAUDERDALE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE <td>2.2 NAME <td>2.3 STREET ADDRESS <td>2.4 CITY-ST-ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td></td></td>	2.2 NAME <td>2.3 STREET ADDRESS <td>2.4 CITY-ST-ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td></td>	2.3 STREET ADDRESS <td>2.4 CITY-ST-ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td>	2.4 CITY-ST-ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE <td>3.2 NAME <td>3.3 STREET ADDRESS <td>3.4 CITY-ST-ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td></td></td>	3.2 NAME <td>3.3 STREET ADDRESS <td>3.4 CITY-ST-ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td></td>	3.3 STREET ADDRESS <td>3.4 CITY-ST-ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td>	3.4 CITY-ST-ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE <td>4.2 NAME <td>4.3 STREET ADDRESS <td>4.4 CITY-ST-ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td></td></td>	4.2 NAME <td>4.3 STREET ADDRESS <td>4.4 CITY-ST-ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td></td>	4.3 STREET ADDRESS <td>4.4 CITY-ST-ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td>	4.4 CITY-ST-ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE <td>5.2 NAME <td>5.3 STREET ADDRESS <td>5.4 CITY-ST-ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td></td></td>	5.2 NAME <td>5.3 STREET ADDRESS <td>5.4 CITY-ST-ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td></td>	5.3 STREET ADDRESS <td>5.4 CITY-ST-ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td>	5.4 CITY-ST-ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE <td>6.2 NAME <td>6.3 STREET ADDRESS <td>6.4 CITY-ST-ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td></td></td>	6.2 NAME <td>6.3 STREET ADDRESS <td>6.4 CITY-ST-ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td></td>	6.3 STREET ADDRESS <td>6.4 CITY-ST-ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td>	6.4 CITY-ST-ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0275837

CR2E034 (10/97)