

## 2001 UNIFORM BUSINESS REPORT (UBR)

CORPORATION  
ANNUAL REPORTFLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90346 011 \*\*\*150.00

DOCUMENT # P 98 0000 29613

1. Corporation Name

2450 WILTON CORP.

Mailing Address

Principal Place of Business

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address	2a. Principal Place of Business
21 P. O. Box 5358	26 3438 N. Ocean Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27 Galt Ocean Mile
City & State	City & State
23 LAKE WORTH FLA	28 FT. LAUDERDALE FLA
Zip	Zip
24 33466	29 33308
Country	Country
25 U.S.A.	30 U.S.A.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

31 MAR 1998

4. FEI Number

65-0855161

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required ☐6. Election Corporation  
Exempting Trust  
and Contribution

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CARL S. MARZOLA  
3438 N. Ocean Blvd  
Ft. Lauderdale, Fla 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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

13. CHANGING TO OTHER REGISTERED AGENTS ONLY

11 TITLE	CD P T
12 NAME	CARL S. MARZOLA
13 STREET ADDRESS	3438 N. Ocean Blvd
14 CITY - ST - ZIP	Ft Lauderdale Fla 33308
21 TITLE	D VP S
22 NAME	Evan Anthony
23 STREET ADDRESS	729 W. Cascades Blvd
24 CITY - ST - ZIP	Ft Lauderdale Fla 33312
31 TITLE	AT
32 NAME	Andree M. Bognes
33 STREET ADDRESS	P.O. Box 1138
34 CITY - ST - ZIP	Loxahatchee, Fla 33470
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Assistant Treasurer

14 April 2001

561 588-8788