


**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90133 017 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000044913</b> 1. Corporation Name <b>WIGLE SCHREY INC.</b>					
Principal Place of Business <b>3537 LAKEVIEW BLVD          DELRAY BEACH FL 33445</b>			Mailing Address <b>3537 LAKEVIEW BLVD          DELRAY BEACH FL 33445</b>		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified <b>05/19/1998</b>					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		4. FEI Number <b>65-0841591</b>	
24		25		29	
26		27		30	
9. Name and Address of Current Registered Agent <b>SCHREY, MICHAEL C          3537 LAKEVIEW BLVD          DELRAY BEACH FL 33445</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.2 NAME STREET ADDRESS CITY-ST-ZIP 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP 2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 2.2 NAME STREET ADDRESS CITY-ST-ZIP 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP 3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 3.2 NAME STREET ADDRESS CITY-ST-ZIP 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP 4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 4.2 NAME STREET ADDRESS CITY-ST-ZIP 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP 5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 5.2 NAME STREET ADDRESS CITY-ST-ZIP 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 6.2 NAME STREET ADDRESS CITY-ST-ZIP 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.2 NAME STREET ADDRESS CITY-ST-ZIP 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP 2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 2.2 NAME STREET ADDRESS CITY-ST-ZIP 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP 3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 3.2 NAME STREET ADDRESS CITY-ST-ZIP 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP 4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 4.2 NAME STREET ADDRESS CITY-ST-ZIP 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP 5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 5.2 NAME STREET ADDRESS CITY-ST-ZIP 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 6.2 NAME STREET ADDRESS CITY-ST-ZIP 6.3 STREET ADDRESS CITY-ST-ZIP 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: Michael Schrey **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Schrey

3-12-99 561-498-2029  
 Date Daytime Phone #

CR2E034 (11/98)