

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90083 034 ***150.00

DOCUMENT # P98000106069

1. Corporation Name

WILA, INC.

Principal Place of Business

336 N. BIRCH ROAD
APT. 16-I
FORT LAUDERDALE FL 33304

Mailing Address

336 N. BIRCH ROAD
APT. 16-I
FORT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1998

4. FEI Number

65-0883535

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 the current year Intangible
Personal Property Tax.

☐

Yes ☒ No

2. Principal Place of Business

21 811 E. Las Olas Blvd.
Suite, Apt. #, etc.

2a. Mailing Address

26 811 E. Las Olas Blvd.
Suite, Apt. #, etc.

City & State

23 Ft. Lauderdale, FL

Zip Country

24 33301 25 Broward

City & State

28 Ft. Lauderdale, FL

Zip Country

29 33301 30 Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILD, DAVID I
336 N. BIRCH ROAD
APT. 16-I
FORT LAUDERDALE FL 33304

81 Name
Wild, David L.

82 Street Address (P.O. Box Number is Not Acceptable)
1401 N.E. 9th St., #44

83

84 City
Ft. Lauderdale FL

85 Zip Code
33301

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

David L. Wild

5/1/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
WILD, DAVID I
STREET ADDRESS
336 N. BIRCH ROAD, APT. 16-I
CITY-ST-ZIP
FORT LAUDERDALE FL 33304

TITLE ☐ DELETE

NAME
LA ROSA, EMILY J
STREET ADDRESS
1206 CAMELLIA LANE
CITY-ST-ZIP
FORT LAUDERDALE FL 33326

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
Wild, David L.
1.3 STREET ADDRESS
1401 N.E. 9th St., #44
1.4 CITY-ST-ZIP
Ft. Lauderdale FL 33301

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

David L. Wild REQUIRED

5/1/99

Date

Daytime Phone #

CR2E034 (1/98)