

07-06-2001 90206 023***158.75
S34085

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DOCUMENT # S34085

1. Entity Name

LA PALMA RESTORATION CORP.

FILED

01 JUL 12 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

116 ALHAMBRA CIRCLE
CORAL GABLES FL 33134

Mailing Address

116 ALHAMBRA CIRCLE
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0294018

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, LYNN
116 ALHAMBRA CIRCLE
CORAL GABLES FL 33134

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00.
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	WILSON, LYNN	
STREET ADDRESS	116 ALHAMBRA CIRCLE	
CITY- ST- ZIP	CAPE CORAL GABLES FL 33134	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SPOHRER, B.F.	
STREET ADDRESS	4201 COLLINS AVE., #1003	
CITY- ST- ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY- ST- ZIP		
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STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 2001

LYNN WILSON ASSOCIATES INTERNATIONAL
116 ALHAMBRA CIRCLE, CORAL GABLES, FL. 33134
TELEPHONE (305) 442-4041 FACSIMILE (305) 443-4276

80059628
834085
202
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JUNE 28, 2001

SECRETARY OF STATE
DIVISION OF CORPORATIONS
ANNUAL REPORTS
409 EAST GAINES ST
TALLAHASSEE, FL 32399

RE: ANNUAL REPORTS

S34085	LA PALMA RESTORATION CORP.
672034	CREATIVE ENVIRONS OF LYNN WILSON ASSOCIATES, INC.
P98000075482	WILCO DESIGN & ARCHITECTURE, INC.
K24246	LYNN WILSON ASSOCIATES INTERNATIONAL, INC.

GENTLEMEN:

WE ARE VERY CONCERNED THAT WE HAVE NOT RECEIVED OUR CERTIFICATES OF STATUS. SO WE HAVE INVESTIGATED FROM OUR SIDE.

WE HAVE NOT RECEIVED A SINGLE ONE OF THE CANCELLED CHECKS IN OUR BANK STATEMENTS. WE HAVE SUBSEQUENTLY STOPPED PAYMENT AND REISSUED CHECKS FOR THESE CORPORATIONS.

SINCE WE SENT THE GREEN FORMS ORIGINALLY THE LAST WEEK OF APRIL, WE NO LONGER HAVE THE ISSUED FORM TO SEND YOU. WE HAVE ENCLOSED ORIGINALLY SIGNED COPIES OF THE FORMS SO YOUR DEPARTMENT MAY COMPLETE THE PROCESSING PROCEEDURE.

ADDITIONALLY, THESE FORMS AND CHECK HAVE BEEN SENT TO YOU VIA UPS RED LABEL OVERNIGHT SERVICE ON TRACKING NUMBER 1Z X33 886 22 1000 067 4.

SHOULD YOU HAVE ANY QUESTIONS OR REQUIRE FURTHER INFORMATION, CONTACT OUR OFFICE.

SINCERELY,


LYNN WILSON, PRESIDENT