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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$65293

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WIMBLEDON INVESTMENTS, INC.

Principal Place of Business Mailing Address 22009 MARBELLA CIR 22909 MARBELLA CIR **BOCA RATON FL 33433-3803 BOCA RATON FL 33433** 3a. Date of Last Report 3. Date Incorporated or Qualified 07/09/1991 03/08/1996 2a. Mailing Address Principal Place of Business 4. FEI Number Applied For 65-0275341 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 П Added to Fees 26 Trust Fund Contribution Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 25 29 30 Florida Statutes 24 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 KAPLAN & HENSCHEL Name 3363 WEST COMMERCIAL BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE A-115 **B**3 FT. LAUDERDALE FL 33309 84 City Zip Code 85 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 land accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE TITLE MARKS, DARREN NAME 1.2 NAME 22809 MARBELLA CIR STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** 1.4 CITY - ST - ZIP CHTY - ST - ZIP DELETE Change Addition TITLE 2.1 T(T) E 2.2 NAME NAME STREET ADORESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY - \$1 - 7(F DELETE Change Addition 3 1 7 ITLE TITLE NAME 3.2 NAME **33 STREET ADDRESS** STREET ADDRESS 3.4. CITY - ST - ZIP CITY - S1 - ZIF DELETE Change Addition TIFLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADORESS

14. I do 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 angual repet to 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.

4.4 CITY - ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME

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SIGNATURE:

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STREET ADDRESS

CITY - \$1 - ZIP

CITY - S1 - ZIP

TITLE

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NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

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Dayt-me Phone #

Change

Change

Addition

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FILED

Mar 06 1997 8:00am

Secretary of State