

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V31168 (0)
1. Corporation Name
DALE R. WILSON ENTERPRISES, INC.



Principal Place of Business 2563 SHADE TREE CT KISSIMMEE FL 34744	Mailing Address 2563 SHADE TREE CT KISSIMMEE FL 34744-3649
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2. Principal Place of Business 21 4385 Semoran Farms Rd Suite, Apt. #, etc. 22 City & State 23 Kissimmee, FL Zip 24 34744 Country 25 USA		2a. Mailing Address 26 4385 Semoran Farms Rd Suite, Apt. #, etc. 27 City & State 28 Kssm, FL Zip 29 34744 Country 30 USA		3. Date Incorporated or Qualified 04/24/1992	3a. Date of Last Report 05/01/1996
				4. FET Number 59-3122764	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WILSON, DALE R. 2563 SHADE TREE CT KISSIMMEE FL 34744		10. Name and Address of New Registered Agent 81 Name Wilson, Dale R. 82 Street Address (P.O. Box Number is Not Acceptable) 4385 Semoran Farms Rd 83 84 City Kissimmee FL 85 Zip Code 34744	
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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	WILSON, DALE R.	1.2 NAME	WILSON, DALE R
STREET ADDRESS	2563 SHADE TREE CT	1.3 STREET ADDRESS	4385 Semoran Farms Rd
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	Kissimmee, FL 34744
TITLE	D	2.1 TITLE	D
NAME	WILSON, DEBRA	2.2 NAME	Wilson, Debra
STREET ADDRESS	2563 SHADE TREE CT	2.3 STREET ADDRESS	4385 Semoran Farms Rd
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP	Kissimmee, FL 34744
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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.

SIGNATURE: Deborah Wilson 4/30/97 407-344-1957

CR2E034 (9/96)