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

DOCUMENT # V55655

JOHN WHEELER, INC.

| Principal Place of Business Mailing Address | | | | | | | | 1 10011 0118\$\$ 01\$\$1 03114 01103 011 | isti dili didili eli | TEL BIBIL ATO | ù aian a | HILL THAT |
|---|--|------------|---------------------|---------------|---------------|-----------|--|--|----------------------|---------------|------------------|-----------------|
| 3343 GONDOLIER WAY | | 3343 | 3343 GONDOLIER WAY | | | | | | • | . Mag | | |
| LANTANA FL 33462 | | LAN | LANTANA FL 33462 | | | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | | | • | - | 3. Date Incorporated or Qualifed | 12 11 11 11 10 | - AOL | | |
| | | | | | | | | 08/03/1992 | | | | |
| 2. Principal Pl | ace of Business | 2a. | Mailing Address | | | <u> </u> | 1 | 4. FEI Number | | \Box | Applied | For |
| 21 | | | 26 | | | | 1 | 65-0357429 | | | Not App | plicable |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired | | \$8.75 | | |
| 22 | | 27 | | | | | | | | | Require | |
| City & State | | <u> </u> | City & State | | | | | 6. Election Campaign Financing | | | 0 May | I |
| 23 | Country | 28 | 7ic | Cou | ntn/ | | -+ | Trust Fund Contribution | ant year Into | | и ю ге | es . |
| Zíp | Country | 29 | Zip | 30 | iiu y | | ĺ | This corporation owes the curre Personal Property Tax. | ent year ma | ∏ Yes | MN | 10 |
| 24 | 9. Name and Address of Currer | | ered Agent | 30 | $\overline{}$ | | | 10. Name and Address of New F | Registered A | Agent | | |
| | J. Wallie and Aboress S. Sarre | | | | 81 | Name | | | | | | |
| CENTOLA, DAVID D. | | | | | | Street A | Δddrass | (P.O. Box Number is Not Accepta | able) | | | |
| 125 HYPOLUXO ROAD | | | | | | Jaleet | Addi Ca | (1 .C. DOX NUMBER IS NOT 1000pts | | | | |
| HYP | OLUXO FL 33462 | | | | 83 | | | | | | | |
| | | | | | 84 | City | | *** | | 85 Zi | ip Code | , |
| | to the provisions of Sections 607.050 | | | | | | | | <u>FL</u> | بلل | | |
| agent. I a | to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations of the state o | ations of, | applicable. (NOTE | Registered | utes | ·. | | nen reinstating) ADDITIONS/CHANGES TO OF | DATE | | | |
| 12. | OFFICERS AI | ND DIREC | DELETE | 13. 1,1 Tr | ne | · | | ADDITIONS/CHANGES TO OF | FICERS AN | ☐ Chang | | Addition |
| TITLE | P MAJERIED JOHN | | C pereve | 1.1 II | | | | | | | _ | - |
| NAME | WHEELER, JOHN 3343 GONDOLIER WAY | | | | | TADDRESS | | | | | | |
| STREET ADDRESS | LANTANA FL | | | 1.4 CI | | | | | | | | |
| CITY-ST-ZIP TITLE | S | | ☐ DELETE | 2.1 TI | | 1-21 | | · · · · · · · · · · · · · · · · · · · | | ☐ Chang | j e [| Addition |
| NAME | WHEELER, CORRINE | | | 2.2 N | ME | | | | | | | |
| STREET ADORESS | 3343 GONDOLIER WAY | | | 2.3 ST | REE | T ADDRESS | | | | | | |
| CITY-ST-ZIP | LANTANA FL | | | 2. 4 C | ITY-S | ST-ZIP | | · · · · · · · · · · · · · · · · · · | | <u> </u> | | |
| TITLE | | | ☐ DELETE | 3.1 TI | TLE | | | | | Chang | je [| Addition |
| NAME | | | | 3.2 N | WE | | | | | | | |
| STREET ADDRESS | | | | 3.3 S | TREE | T ADDRESS | | | | | | ŀ |
| CITY-ST-ZIP | | | | | | ST-ZIP | | | | ☐ Chan | 70 F | Addition |
| TITLE | | | ☐ DELETE | 4.1 Ti | | | | | | □ cuaré | ie r | _ Audilion |
| NAME | | | | 4.2 N | | | | | | | | |
| STREET ADDRESS | | | | | | T ADDRESS | - | | | | | } |
| CITY-ST-ZIP | | | ☐ DELETE | 4,4 Cl | | T-ZIP | - | | | ☐ Chan | ge [| Addition |
| TITLE | | | LJ DELETE | 5.2 N | | | | | | | | _] |
| NAME CTREET ADDRESS | | | | | | TADDRESS | | | | | | |
| STREET ADDRESS | | | | | | ST-ZIP | | • | | | | 1 |
| CITY-ST-ZIP TITLE | | | ☐ DELETE | 6.1 T | TLE | | | ··· | | ☐ Chan | ge [| Addition |
| MAME | | | | 6.2 N | AME | | | | | | | |

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 impowered 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 or an attachment with a address, with all other like empowered. CITY- ST- ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90065 035 ***150.00