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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

(8)

**FILED** Mar 07 1996 8:00 am Secretary of State

| W.A.M. MANAGEMENT, INC.  Principal Place of Business Mailing Address  1601 BELVEDERE ROAD 1501 BELVEDERE RD. |   |   |                     |                                |   |                    |            |                              |
|--|---|---|---------------------|--------------------------------|---|--------------------|------------|------------------------------|
| 407 SOUTH<br>WEST PALM BEACH FL 33406<br>US  |   | 407 SOUTH<br>West Palm Beach FL 33406<br>US |                     | Date Incorporated or Qualified |   |                    |            |                              |
| 05   |   | 03  |                     |                                | 05/30/1980  | 01                 | 1/24/1995  |                              |
| 2. Principal Pla   | ce of Business  | 2a. Mailing Address<br>26                   |                     |                                | 4. FEI Number<br>59-2009056                             |                    | h          | pplied For<br>lot Applicable |
| Suite, Apl. #  | , etc.  | Suite, Apt. #, etc.                         |                     |                                | 5. Certificate of Status Desired                        |                    |            | Additional<br>lequired       |
| City & State   |   | City & State                                |                     |                                | Election Campaign Financing     Trust Fund Contribution |                    |            | May Be<br>to Fees            |
| Zip<br>24  | Country 25  | Zip 29                                      | Country             |                                | 8. This corporation has liability for Florida Statutes  | intangible ta      | ix under s | 199.032,                     |
| 24   | g. Name and Address of Curre  |   |                     |                                | 10. Name and Address of New                             | Registered         | Agent      |                              |
| MEYER, WILLIAM A<br>SERVICO CENTRE SOUTH STE 407<br>1601 BELVEDERE RD  |   |   |                     | Name<br>Street Add             | ress (P.O. Box Namber is Not Accepta                    | ble)               |            |                              |
| WEST PALM BCH FL 33406  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida State      |   |   | 84                  | City                           |   | FL 85 Zip Code     |            |                              |
| SIGNATURE _  | h, and accept the obligations of, Sec<br>Signature, typed or printed has a of regulated a, printed by |   | NOTE Registered Age | nt signature require           | d wish renstating!  ADD/TIONS/CHANGES TO OF             | DATE<br>FICERS AND | DIRECTO    | RS IN 12                     |
| 12.  | VST OFFICERS AI   | DELETE                                      | 1 1 TILLE           |                                | 7,053,110,100,000,000                                   |                    | Change     | Addition                     |
| NAME   | MEYER, WILLIAM A  |   | 1 2 NAME            |                                |   |                    |            |                              |
|  | 1601 BELVEDERE RD S 407   | ,   |                     | 1 ADDRESS                      |   |                    |            |                              |
| STREET ADDRESS   | W PALM BCH, FL 33406  |   | 1.5 STREE           | l                              |   |                    |            |                              |
| CITY+S1-ZIP<br>TITLE   |   |   | 2 1 JURE            |                                |   |                    | Change     | ☐ Addition                   |
| NAME   | MEYER, WILLIAM A  | <u> </u>                                    | 2.2 NAME            |                                |   |                    |            |                              |
| STREET ADDRESS   | SERVICO CENTRE SOUTH  |   |                     | T ADORESS                      |   |                    |            |                              |
| C-TY - ST - ZIP  |   |   | 2 4 CHY-            |                                |   |                    |            |                              |
| TIFLE  | ***************************************   | ☐ DELETE 3                                  |                     |                                |   |                    | ☐ Change   | Add:ticn                     |
| NAME   |   |   | 3.2 NAME            |                                |   |                    |            |                              |
| STREET ADDRESS   |   |   | 3.3 \$TRH           | ET ADDRESS                     |   |                    |            |                              |
| CITY - ST - ZIP  |   |   | 3.4 CITY -          | ST - ZiF                       |   |                    |            |                              |
| TITLE  |   | ☐ DELETE                                    | 4 1 TITLE           |                                |   |                    | Change     | Addition                     |
| NAME   |   |   | 4.2 NAME            |                                |   |                    |            |                              |
| STREET ADDRESS   |   |   | 4.3 STREE           | LADDRESS                       |   |                    |            |                              |
| CITY-ST-ZIP  |   |   | 4 4 CITY -          | S1 - 71F                       |   |                    |            |                              |
| TITLE  |   |   | 5 1 T:11 F          |                                |   |                    | ☐ Change   | ■ Addition                   |
| NAME   |   |   | 5.2 NAME            |                                |   |                    |            |                              |
| STREET ADDRESS   | 1   |   | 5.3 STREE           | EL ADDRESS                     |   |                    |            |                              |
| CITY-ST-ZIF  | İ   |   | 5.4 CHY-            | ST-ZIP                         |   |                    |            |                              |
| TITLE  |   | ☐ DELETE                                    | 6 1 1(1)            |                                |   |                    | Change     | Add tion                     |

6.2 NAME

63 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY - ST - ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementel annual report is true and accurate and that my signature shall have the same legal effect as if made under early, that I am an officer or director of the corporation or the cooper or tusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 16 if changed, for order attachment with any address.