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Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000004571 (6)

1. Corporation Name
WICC HOLDINGS, INC.



Principal Place of Business

7900 ISLAND BLVD.
NORTH MIAMI BEACH FL 33160
US

Mailing Address

7900 ISLAND BLVD.
NORTH MIAMI BEACH FL 33160-4906
US

3. Date Incorporated or Qualified 10/11/1993	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0445962	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	

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

MATUS, ALAN
7900 ISLAND BLVD
NORTH MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 not liable to accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE (By the corporation or by a duly authorized officer or director) (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VTSD	<input type="checkbox"/> DELETE
NAME	VOLLRATH, ROBERT K	
STREET ADDRESS	7900 ISLAND BOULEVARD	
CITY-STATE-ZIP	NORTH MIAMI BEACH FL	
TITLE	PSD	<input type="checkbox"/> DELETE
NAME	MATUS, ALAN	
STREET ADDRESS	7900 ISLAND BOULEVARD	
CITY-STATE-ZIP	NORTH MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	V
3.3 STREET ADDRESS	LIEB, JAMES M
3.4 CITY-STATE-ZIP	7900 ISLAND BLVD NORTH MIAMI BEACH FL 33160
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I, or 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 included 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, Block 13, Block 13.1, Block 13.2, or on an attachment with an address.

SIGNATURE: *Robert K. Vollrath*
ROBERT K. VOLLRATH VICE PRESIDENT

3-19-97 1-305-937-7884
Date Daytime Phone #

CR2E034 (9/96)