

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

FILED
Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # K70547 (0)
 1. Corporation Name
WLMC REGISTERED AGENTS, INC.



Principal Place of Business % LESLIE J. CROLAND 701 BRICKELL AVE., SUITE 2000 MIAMI FL 33131	Mailing Address % LESLIE J. CROLAND 701 BRICKELL AVE., SUITE 2000 MIAMI FL 33131
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

3. Date Incorporated or Qualified 03/06/1989	4. FEI Number 65-0089263	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**CROLAND, LESLIE J.
 701 BRICKELL AVE
 SUITE 2000
 MIAMI FL 33131**

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	CROLAND, LESLIE J.	
STREET ADDRESS	701 BRICKELL AVE, #2000	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	LUCIO, SATURNINO E.	
STREET ADDRESS	701 BRICKELL AVE, #2000	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MANDLER, JEFFREY L.	
STREET ADDRESS	701 BRICKELL AVE, #2000	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DMV	<input type="checkbox"/> DELETE
NAME	BRONSTEIN, PETER E.	
STREET ADDRESS	701 BRICKELL AVE, #2000	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	STEELE, CLIFFORD, R	
STREET ADDRESS	701 BRICKELL AVE #2000	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Garbett, David S.	
1.3 STREET ADDRESS	701 Brickell Avenue, Suite 2000	
1.4 CITY-ST-ZIP	Miami, Florida 33131	
2.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Stiphany, Gary T.	
2.3 STREET ADDRESS	701 Brickell Avenue, Suite 2000	
2.4 CITY-ST-ZIP	Miami, Florida 33131	
3.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Martinez, Elio	
3.3 STREET ADDRESS	701 Brickell Avenue, Suite 2000	
3.4 CITY-ST-ZIP	Miami, Florida 33131	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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: *Leslie J. Croland* **Leslie J. Croland** 3/18/98 (305) 579-0012

CR2E034 (10/97)