FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996 DIVISION OF CORPORATIONS

P9300001023 (9) DOCUMENT #
1. Corporation Name

| W.F.T | R., INC. | | | | | | | | | | A 11888 1111 1881 | |
|------------------------------------|---------------------|---|------------------------|--|--------------------|-----------|---|---|--------------------|------------------|---------------------------------|-----------------|
| 7900 PETERS RD. | | | | ailing Address 7900 PETERS RO. | | | | | | | | |
| B-100 Plantation FL 33324 US | | | | B-100 Plantation fl 33324 US | | | 3. Date Incorporated or Qualified 3a. Date of Last Report 01/06/1993 05/19/1995 | | | | _ | |
| 2. Principal Place of Business | | | - | Mailing Address | | | | 4. FEI Number | | | Applied For | 1 |
| Suite, Apt. #, etc | | | 26 | | | | | NOT APPLICABLE | | | Not Applicable | |
| 22 | | | 27 | Suite, Apt. #, etc. 7 | | | | 5. Certificate of Status Desired | | | Additionat Required | |
| City & State | | | | City & State | | | 6. Election Campaign Financing | | | 0 May Be | | |
| 23 | | | 28 | - | - r | | | Trust Fund Contribution | | Added | d to Fees | |
| Zip 24 | ¬ ' ├ ¬ ' | | 29 | ZıpCou | | Country | | 8. This corporation has liability for Florida Statutes Yes | | | 199.032, | |
| | g, Name | and Address of Curre | | tered Agent | | Γ | | 10. Name and Address of New R | | | | |
| | | | | | | 81 | Name | | | | | - |
| FINE, I | | | | | | 82 | Street Add | dress (P.O. Box Number is Not Acceptab | le) | | | - |
| | W 17TH W | /AY | | | | | | | | | | _ |
| SUITE | 406 UDERDALE | El 22200 | | | | 83 | | | | | | |
| 11.54 | OULHUALE | FL 33309 | | | | 84 | City | | | 85 Zip | o Code | 7 |
| or registe | ith, and acce | ions of Sections 607.050; both, in the State of Flor pt the obligations of, Sec or prised rank of legisland upon | da. Sucr tion 607. | i change was autrioria 0505, Florida Statute: | zed by the o s. | corp | oration's boa | retion submits this statement for the pur and of directors. Thereby accept the appoint | pase o pintiner | nt as registered | agistered office agent. I am | |
| 12. | | | OFFICERS AND DIRECTORS | | 13. | | n ange in care receive | ADDITIONS/CHANGES TO OFF | | | RS IN 12 | − [6 |
| TITLE | P | | | DELETE 1.1 | | | I | | IOL: 10 | Change | Addition | 45 |
| NAME | | on, Bradley | | | 1.2 NAME | | | | | | | CR2E034 (12/95) |
| STREET ADDRESS | | ETERS RD., B-100 | | | 138 | REET | ADDRESS | | | | | |
| CITY-ST-ZIP | PLANTATION FL | | | | | IY - 5 | T-ZIP | | | | | |
| TITLE | VS | D1111 | | DELETE | | 2 1 11/16 | | | | Change | Addition | 70 |
| NAME | 7000 007000 00 0 00 | | | | 22 N | | | | | | | İ |
| STREET ADDRESS | | ATION FL | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP TITLE | PLANT | ATION FL | | T DELETE | 240 | | ? - 7IP | | | F7 0 | | 4 |
| NAME | | | | LT DECENE | 3 1 1 | | | | | Change | Addition | |
| STREET ADDRESS | | | | | 32 N | | ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | | | | | | | | |
| TITLE | | | | DELETE | 3 4 C4 4 1 T | | 1 - Z:P | | | ☐ Change | □ Addition | - |
| NAME | | | | | 4.2 N | | | | | L. Change | □ Modition | |
| STREET ADDRESS | | | | | | | ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | | | 1 - ZIP | | | | | |
| TITLE | | | | DELETE | 5 1 7 | | | | | Change | Addition | - |
| NAME | | | | | 5.2 N/ | | | | | - 9" | | |
| STREET ADDRESS | | | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | 5.4.CI | | 1 | | | | | |
| TITLE | | | , | DELETE | 6 1 7 | | | | | Change | Addition | 1 |
| NAME | | | | | 6 2 N | AME | | | | | | |

6 4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing 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 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 enipowered 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.

6.3 STREET ADDRESS

SIGNATURE: ___

STREET ADDRESS

CITY-SI-ZIP

DIANE H. TUTT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-96 954-475-9935