

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

FILED

Apr 23 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 # P96000103062
1. Corporation Name

WSH Properties, Inc.

Principal Place of Business

64 Youngerman Circle
Jacksonville, FL 32244

Mailing Address

64 Youngerman Circle
Jacksonville, FL 32244

3. Date Incorporated or Qualified
12/23/96

3a. Date of Last Report
NA

2. Principal Place of Business

21 6400 Youngerman Circle

2a. Mailing Address

26 4215 Southpoint Boulevard

4. FEI Number

59-3438751

XX Applied For
Not Applicable

22 Suite Apt. #, etc.

22 City & State

23 Jacksonville, FL

24 32244 25 US

27 Suite 100

27 City & State
Jacksonville, FL

28 32216 30 US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
XX Yes No

9. Name and Address of Current Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

10. Name and Address of New Registered Agent

81 Name Michael N. Schneider
82 Street Address (P.O. Box Number is Not Acceptable)
4215 Southpoint Boulevard
Suite 100
83
84 City Jacksonville, FL 85 Zip Code 32216

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:

[Signature]

3-29-97

Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	William Hecht	
STREET ADDRESS	6400 Youngerman Circle	
CITY-ST-ZIP	Jacksonville, FL 32244	
TITLE	DVST	<input type="checkbox"/> DELETE
NAME	Sonia Hecht	
STREET ADDRESS	6400 Youngerman Circle	
CITY-ST-ZIP	Jacksonville, FL 32244	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	Kenneth Hecht	
STREET ADDRESS	6400 Youngerman Circle	
CITY-ST-ZIP	Jacksonville, FL 32244	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-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-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	

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-04/25/97--01004--025
***165.00

14. I do 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: *[Signature]* President 3/25/97 777-0700
Signature and typed or printed name of signing officer or director Date Daytime Phone #
William Hecht

CR2E034 (9/96)