

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

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**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90135 025 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000009387**  
 1. Corporation Name  
**WCSJR II CORPORATION**

Principal Place of Business  
 225 LEROY AVENUE  
 DARIEN CT 06920

Mailing Address  
 P.O. BOX 2630  
 WESTPORT CT 06860



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**01/29/1998**

4. FEI Number  
**58-2371732**

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 owes the current year Intangible Personal Property Tax  Yes  No

2. Principal Place of Business 21 <b>7225 Estero Blvd</b> Suite, Apt #, etc.		2a. Mailing Address 26 Suite, Apt #, etc.		22	
23 <b>Fort Myers Beach FL</b> City & State		27 City & State		28	
24 <b>33431</b> Zip		25 <b>Lee</b> Country		29 Zip	
30 Country		31		32	

9. Name and Address of Current Registered Agent  
**KELLY, CHARLES M**  
**2640 GOLDEN GATE PARKWAY**  
**SUITE 315**  
**NAPLES FL 34105**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	11 TITLE <b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STEER, WILLIAM C JR.</b>		12 NAME <b>STEEER, WILLIAM C JR</b>	
STREET ADDRESS <b>225 LEROY AVENUE</b>		13 STREET ADDRESS <b>54 Island Drive</b>	
CITY-ST-ZIP <b>DARIEN CT 06920</b>		14 CITY-ST-ZIP <b>Rye, NY 10580</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	21 TITLE <b>1ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DAVIS, ELWOOD B</b>		22 NAME <b>DAVIS, ELWOOD B</b>	
STREET ADDRESS <b>225 LEROY AVENUE</b>		23 STREET ADDRESS <b>244 Saugateck Avenue</b>	
CITY-ST-ZIP <b>DARIEN CT 06920</b>		24 CITY-ST-ZIP <b>Westport CT 06880</b>	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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, with all other like empowered.

SIGNATURE: *Elwood B Davis* **3-11-99** **203-226-8997**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (11/98)