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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P92000009361 (6)

WTC 2804 CORP.

FILED Feb 18 1998 8:00am Secretary of State



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Principal Place		Mailing A		_							
4675 PONCE DE LEON BLVD. 4675 PONCE DE LEON BL											
STE 305 CORAL GABL	FS FI 33146	STE 305 CORAL GABLES FL 33146					DO NOT WRITE IN THIS SPACE				
CONNE CADE	2012 00140	Outrie (	3110220 12 00140			<u> </u>	3. Date Incorporated or Qualified		-	$\neg \neg$	
							12/01/1992				
2. Principal Pl	lace of Business	2a. Mailing	Address				4. FEI Number		Applied Fo	or	
21		26				ł	65-0371330	T	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						□ \$8	.75 Addition	ıal	
22 27							Certificate of Status Desired		ee Required		
City & State	•	City & State					6. Election Campaign Financing	\$!	5.00 May Be	8	
23	28						Trust Fund Contribution	☐ A	dded to Fees		
Zip	Country	Zip		_ Country			8. This corporation owes or has paid				
24	25	29	30	<u> </u>			Personal Property Tax due June 30				
	9. Name and Address of Current	10. Name and Address of New Regis	stered Agent		$\longrightarrow$						
i .	ns <b>e</b> n, robert w			81	Name	9				ŀ	
4675 PONCE DE LEON BLVD.				82	Street	t Address	(P.O. Box Number is Not Acceptable)	)			
STE 305				أييا							
CORAL GABLES FL 33146				83							
				84	City			85	Zip Code		
					•			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.											
agent I ar	m familiar with, and accept the obligati	ions of, Sectio	n 607.05 <b>05</b> , Floric	a Statutes	i. 10 001	. poration	a sound of amountain. Thereby accept the	по црропипо	in as regions.	·	
SIGNATURE											
	Signature, typed or printed name of registered agont		le. (NOTE: R		nt signatur	re required w	when reinstating)	DATE	07000 #140		
12.	VSDT OFFICERS AND	DIRECTORS	DELETÉ	13.		T D	ADDITIONS/CHANGES TO OFFICER	K AND DIRE	nange Adv		
1	JENSEN, ROBERT W.		L. DELETE	1			EN, ROBERT W.	<b>10.</b>	ininge Linux	1	
NAME	4675 PONCE DE LEON BLVD.			1.2 NAME	1000500		PONCE DE LEON BLVD	cmr 20E			
STREET ADDRESS	CORAL GABLES FL 33146			1.3 STREET		1		91E 303		!	
CITY-ST-ZIP TITLE	PD PD		KKDELETE	1.4 CITY-S 2.1 TITLE	1-2IP	P D	L GABLES FL 33146	□ Ch	nange <b>K</b> Add	dition	
	DUNWODY, W.E. III		Liberte				ICON LOUIC		catigo <u>por</u> nos	210011	
NAME	4675 PONCE DE LEON BLVD.			2.2 NAME	1000000	1	SON, LOUIS	OMB 205		1	
STREET ADDRESS	CORAL GABLES FL 33146			2.3 STREET		1	PONCE DE LEON BLVD	STE 303		I	
CITY-ST-ZIP TITLE	OORAL GADLES I E 33140	<del></del>	DELETE	2. 4 CITY - S 3.1 TITLE	I-ZIP		L GABLES FL 33156	□ Ch	nange <b>K</b> Add	dition	
			- DECEME			V D	FFER, ROBERT J.		aligo <u>po</u> noc	Union)	
NAME				3.2 NAME	4000500		PONCE DE LEON BLVD	ሮጥը ኃለ⊑			
STREET ADDRESS				3.3 STREET		1		OTE 303			
CITY-ST-ZIP	·		DELETE	3.4. CITY-S	1-219		L GABLES FL 33156	Ch	ange <b>K</b> Add	dition	
TITLE				4.1 TITLE		SEIN	NER, TRUMAN A.		miño CTIV∩(	anion	
NAME				4. 2 NAME	1000000		PONCE DE LEON BLVD	ሮጥሮ 305			
STREET ADDRESS				4.3 STREET		1		31E 303		1	
CITY-ST-ZIP			DELETE	4.4 CITY - S	I - ZIP	CUKA	L GABLES FL 33146	☐ Ch	nange	dition	
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NAME				5.2 NAME							
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TITLE			☐ DELETE	6.1 TITLE					ange LIADO	union	
NAME				6.2 NAME							
STREET ADDRESS			į	6.3 STREET		1					
CITY-ST-ZIP				6.4 CITY-S	- ZIP	<u> </u>					

14. Thereby 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 suppliemental 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 of the receiver or true eeempowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of one and the chapter of the control of the receiver or true for the control of the receiver or true for the chapter of the control of the receiver or true for the chapter of the chapt

C) ROBERT W. JENSEN 1/30/98

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305-666-5222