

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **213255 (3)**
1. Corporation Name
WBN, INC.



Principal Place of Business Mailing Address
**12401 WEST OKEECHOBEE ROAD
HIALEAH GARDENS FL 33016** **501 BRICKELL KEY DRIVE
SUITE 103
MIAMI FL 33131**

3. Date Incorporated or Qualified **06/25/1958** 3a. Date of Last Report **02/22/1995**
4. FEI Number **59-0919021** Applied For Not Applicable
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 Yes No

2. Principal Place of Business 2a. Mailing Address
21. State, Apt. #, etc. 26. State, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent

**BERGER, GERARD
501 BRICKELL KEY DRIVE
SUITE 103
MIAMI FL 33131**

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

Signature of person or persons designated agent and their address:

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

TITLE: **PD**
NAME: **SIMON, SHERMAN**
STREET ADDRESS: **501 BRICKELL KEY DRIVE, SUITE 103**
CITY-STATE-ZIP: **MIAMI FL 33131**
TITLE: **VP/D**
NAME: **BERGER, GERARD**
STREET ADDRESS: **501 BRICKELL KEY DRIVE, SUITE 103**
CITY-STATE-ZIP: **MIAMI FL 33131**
TITLE: **S/D**
NAME: **LESSER, STANLEY**
STREET ADDRESS: **501 BRICKELL KEY DRIVE**
CITY-STATE-ZIP: **MIAMI FL 33131**
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 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: *Gerard Berger* **Gerard Berger** 3/10/96 305 358 2750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)