FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 347384 (0)

1. Corporation Name
WSTU INC

Principal Place of Business
1000 ALICE AVE.
STUART FL 34994

Mailing Address
1000 ALICE AVE.
STUART FL 34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/04/1969
3a. Date of Last Report: 04/19/1994

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

4. FEI Number: 59-1272771 ☐ 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

9. Name and Address of Current Registered Agent

GLASCOCK,GENEVIEVE
ALICE AVENUE
STUART FL 33494

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	PTD	1.1 TITLE ☐ Change ☐ Addition
NAME	GLASCOCK,GENEVIEVE	1.2 NAME
STREET ADDRESS	3252 S.E. FAIRWAY WEST	1.3 STREET ADDRESS
CITY ST ZIP	STUART FL	1.4 CITY ST ZIP
TITLE	S	2.1 TITLE ☐ Change ☐ Addition
NAME	HURLEY, DOLORES	2.2 NAME
STREET ADDRESS	1519 N.W. FORK ROAD	2.3 STREET ADDRESS
CITY ST ZIP	STUART FL	2.4 CITY ST ZIP
TITLE	D	3.1 TITLE ☐ Change ☐ Addition
NAME	SKRINSKY, JASON	3.2 NAME
STREET ADDRESS	9812 GLENOLDEN DRIVE	3.3 STREET ADDRESS
CITY ST ZIP	POTOMAC MD	3.4 CITY ST ZIP
TITLE	D	4.1 TITLE ☐ Change ☐ Addition
NAME	HURLEY, ROBERT N	4.2 NAME
STREET ADDRESS	1519 NW FORK RD	4.3 STREET ADDRESS
CITY ST ZIP	STUART FL	4.4 CITY ST ZIP
TITLE	VSA	5.1 TITLE ☐ Change ☐ Addition
NAME	LARSCHAN, PATRICIA	5.2 NAME
STREET ADDRESS	3511 SW FAIRWAY WEST	5.3 STREET ADDRESS
CITY ST ZIP	STUART, FL 00000	5.4 CITY ST ZIP
TITLE		6.1 TITLE ☐ Change ☐ Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY ST ZIP		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 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: Genevieve D. Glascock 4/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

0341062 CP