FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified: 06/04/1969
3a. Date of Last Report: 05/01/1995
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 is liable 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

12. OFFICERS AND DIRECTORS

TITLE	PTD	[ ] DELETE
NAME	GLASCOCK,GENEVIEVE	
STREET ADDRESS	3252 S.E. FAIRWAY WEST	
CITY-ST-ZIP	STUART FL	
TITLE	S	[ ] DELETE
NAME	HURLEY, DOLORES	
STREET ADDRESS	1519 N.W. FORK ROAD	
CITY-ST-ZIP	STUART FL	
TITLE	D	[ ] DELETE
NAME	SKRINSKY, JASON	
STREET ADDRESS	9812 GLENOLDEN DRIVE	
CITY-ST-ZIP	POTOMAC MD	
TITLE	D	[ ] DELETE
NAME	HURLEY, ROBERT N	
STREET ADDRESS	1519 NW FORK RD	
CITY-ST-ZIP	STUART FL	
TITLE	VSA	[ ] DELETE
NAME	LARSCHAN, PATRICIA	
STREET ADDRESS	3511 SW FAIRWAY WEST	
CITY-ST-ZIP	STUART, FL 00000	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		[ ] Change [ ] Addition
1 NAME		
1 STREET ADDRESS	1945 SW Oakwater Pt.	
1 CITY-ST-ZIP	Palm City, FL 34990	
2 TITLE		[ ] Change [ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS	1765 SW Oakwater Pt.	
5 CITY-ST-ZIP	Palm City, FL 34990	
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

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 report or supplemental 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 G. Glascock* — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 13, 96 *407-692-[illegible]*

CR2E034 (12/95)