SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **555351** **(6)**

1. Corporation Name
WIMA CORPORATION

Principal Place of Business	Mailing Address
WIMA CORP 3004 C SO OCEAN BLVD HIGHLAND BCH FL 33487	WIMA CORP 3004 C SO OCEAN BLVD HIGHLAND BCH FL 33487

3. Date Incorporated or Qualified: **12/14/1977**
3a. Date of Last Report: **06/15/1995**

2. Principal Place of Business	2a. Mailing Address
21 WIMA CORP	26 WIMA CORP
22 Suite, Apt. #, etc: 4252 N.W. 55 PLACE	27 Suite, Apt. #, etc: 4252 NW 55 PLACE
23 City & State: COCONUT CREEK FL	28 City & State: COCONUT CREEK FL
24 Zip: 33073 25 Country: BROWARD	29 Zip: 33073 30 Country: BROWARD

4. FEI Number: **59-1782996** — 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

HUDSON, THOMAS
1365 C HIGH POINT WAY
DELRAY BEACH FL 33445

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] CHANGE OF ADDRESS 7/22/96
(Signature of new registered agent and title, if applicable) (Note: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	EPSTEIN, NANCY		12 NAME	
STREET ADDRESS	3004 C S OCEAN BLVD		13 STREET ADDRESS	4252 N.W. 55 PLACE
CITY-ST-ZIP	HIGHLAND BEACH, FL00000		14 CITY-ST-ZIP	COCONUT CREEK FL 33073
TITLE	VP	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	EPSTEIN, DONALD		22 NAME	
STREET ADDRESS	3004 C S OCEAN BLVD		23 STREET ADDRESS	4252 N.W. 55 PLACE
CITY-ST-ZIP	HIGHLAND BEACH, FL00000		24 CITY-ST-ZIP	COCONUT CREEK FL 33073
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (3/96)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added to this report.

SIGNATURE: [signature] 7/27/96 954 520 6940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #