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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

607190

(6)

WYOMING MALL INVESTMENTS, INC.

Principal Place of Business Mailing Address

2222 PONCE DE LEON BLVD. PENTHOUSE SUITE **CORAL GABLES FL 33134**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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2222 PONCE DE LEON BLVD. PENTHOUSE SUITE CORAL GABLES FL 33134

3. Date Incorporated or Qualified 3a. Date of Last Report 01/19/1979 05/01/1995 2a. Mailing Address 4. FEI Number 26 85-0275629 Suite, Apt. #, etc 5. Certificate of Status Desired City & State Election Campaign Financing 28 Z_{1D} 29 30 9. Name and Address of Current Registered Agent

FINE, JEFFREY M. **5200 BLUE LAGOON DR SUITE 250 MIAMI FL 33126**

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	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees						
ountry	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes X No						
	10. Name and Address of New Registered Agent						
81	81 Name 82 Street Address (P.O. Box Number is Not Acceptable)						
82							
83							
84	City 85 Zip Code						

FILED

May 01, 1996 08:00 AM

Secretary of State

Applied For

\$8.75 Additional

Fee Required

Not Applicable

11. Pursuant to the provisions of Sections 607 0502 and 607 1609. Florid

	ed agent, or both, in the State of Florida. Such change was au h, and accept the obligations of, Section 607.0505, Florida Sta		ation submits this statement d of directors. I hereby accep	for the purpose of changing its r at the appointment as registered	registered office Lagent. Lam
CICLIATURE					
	Signature, typod or printed name of registered agent and Inta if applicable	(NOTE: Registered Agent signature required		DATE	
12.	OFFICERS AND DIFFCTORS	13.	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTO	PRS IN 12
TITLE	VD DELETE	1. † TIILE		☐ Change	Addition
NAME	GUILFORD, FRANK W JR	1.2 NAME			
STREET ADDRESS	2222 PONCE DE LEON BLVD. PENTHOUSE	1.3 STREET ADDRESS			
CITY-ST-Z-P	CORAL GABLES FL	1.4 CITY-ST-ZIP			
TITLE	STD DELETE	2 1 TITLE		☐ Change	Addition
NAME	FINE, JEFFREY	2.2 NAME		F	
STREET ADDRESS	5200 BLUE LAGOON DR., STE 250	2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL	2 4 City - S1 - ZiP			
TITLE	P DELETE			Change	Addition
NAME	MCCOLLUM, PHILLIP W	3.2 NAME			
STREET ADDRESS	750 CHAMISAL RD NW	3.3. STREET ADDRESS			
CITY - ST - ZIP	ALBUQUERQUE NM	3.4 CITY-ST-ZIP			
TITLS	DELFTE	4. 1 TITLE	7.70	Change	Addition
NAME		4.2 NAME		Onling®	
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 C(1)Y-S(1-Z)P			
TITLE	☐ DELF1E	5 1 TOLE		[] Change	☐ Addition
NAME	_	5.2 NAME		onange	L.J modified
STREET ADDRESS		5.3 STREET ADORESS			
CITY-SI-ZIP		5.4 C(1) Y · ST - ZIP			
TITLE	☐ DELETE	6. 1 TITLE		Change	Addition
NAME		6.2 NAME		[_] One-igo	D variable
STREET ADDRESS		63 STREET ADDRESS			
CITY-SI-7IP		0.3 STREET ABORESS			

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 33 if changed, or on an attachment with an address.

SIGNATURE:

4/30/96

305/446-8411 Davinse Phone #