

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

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
--	---

DOCUMENT # F54969 (3)
1. Corporation Name:
WRT, INC.

APPROVED AND FILED
55 MAY -1 1995
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **191 GIRALDA AVE CORAL GABLES FL 33134**
Mailing Address: **191 GIRALDA AVE CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:		2a. Mailing Address:		3. Date Incorporated or Qualified: 01/04/1982		3a. Date of Last Report: 05/01/1994	
21	State, Apt. #, etc.	26	State, Apt. #, etc.	4. FEI Number: 59-2146244		Applied For: ☐ Not Applicable: ☐	
22	City & State	27	City & State	5. Certificate of Status Desired: ☒ \$8.75 Additional Fee Required			
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees			
24	Country	29	Country	6. This Corporation has liability for intangible tax under Fla. Stat. 1991-104: ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BRICKELL REGISTERED AGENTS INC 100 N BISCAYNE BLVD STE 1010 MIAMI FL 33132				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				85	Zip Code		

11. Pursuant to the provisions of Sections 607.0602 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 607.0506, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
VP	MARSTON, GERALD C.	1.1 TITLE	
STREET ADDRESS	191 GIRALDA AVE.	1.2 NAME	
CITY, ST, ZIP	CORAL GABLES FL	1.3 STREET ADDRESS	
		1.4 CITY, ST, ZIP	
TITLE	D	2.1 TITLE	
NAME	ROBERTS, WILLIAM H	2.2 NAME	
STREET ADDRESS	260 S BROAD ST.	2.3 STREET ADDRESS	
CITY, ST, ZIP	PHILADELPHIA PA	2.4 CITY, ST, ZIP	
TITLE	V	3.1 TITLE	
NAME	PRUETT, C. ALYN	3.2 NAME	
STREET ADDRESS	191 GIRALDA AVE	3.3 STREET ADDRESS	
CITY, ST, ZIP	CORAL GABLES FL	3.4 CITY, ST, ZIP	
TITLE	V	4.1 TITLE	
NAME	GARCIA, KATHLEEN	4.2 NAME	
STREET ADDRESS	260 S. BROAD STREET	4.3 STREET ADDRESS	
CITY, ST, ZIP	PHILADELPHIA PA	4.4 CITY, ST, ZIP	
TITLE	ST	5.1 TITLE	
NAME	BENISCHECK, JOHN J.	5.2 NAME	
STREET ADDRESS	260 S. BROAD ST.	5.3 STREET ADDRESS	
CITY, ST, ZIP	PHILADELPHIA PA	5.4 CITY, ST, ZIP	
TITLE	P	6.1 TITLE	
NAME	FERNISLER, JOHN E	6.2 NAME	
STREET ADDRESS	191 GIRALDA AVE	6.3 STREET ADDRESS	
CITY, ST, ZIP	CORAL GABLES FL	6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information required with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110.01(2)(b), Florida Statutes. I further certify that the information and what was the 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 registered agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed or as an attachment with an address.

SIGNATURE: John J. Benischeck John J. Benischeck 4/27/95 (215) 732-5245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR