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 #

F93000004571 (6)

WICC HOLDINGS, INC.

ARKIN, RICHARD A 7900 ISLAND BLVD

NORTH MIAMI BEACH FL 33160

WICC HU	JLUINGS, INC.					
Principal Place of	Business	Mailing Address		F PORTION AND INCH SHALL DRIVE COLLE	BEIN TAIN ABIN SIBBS BING ISTALLIS (SE.	
7900 ISLAND BI	LVD. BEACH FL 33160	7900 ISLAND BLVD. NORTH MIAMI BEACH FL 33160 US				
US				3. Date Incorporated or Qualified 10/11/1993	3a. Date of Last Report 03/23/1995	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
Z. Principal Place of Bosiness		26		65-0445962	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		Oty & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	7/p	Country 30	110100 0101000	□ No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
	¥		81 Name			

84 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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Street Address (P.O. Box Number is Not Acceptable)

Signature: Sayanes theo cope section of regime tage taken to assess the sayans of the sayans theological section of the sayans o			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
HILE	VTSD	☐ DELETE	I 1 TITLE	Change Addition	
AME	VOLLRATH, ROBERT K		1.2 NAME		
IREET ADORESS	7900 ISLAND BOULEVARD		1.3 STREET ADDRESS		
TY-ST-Z:P	NORTH MIAMI BEACH FL		14 C-TY - ST - 7/P	☐ Change ☐ Addit.:	
TLF	PSD	DELETE	2 1 TITLE	☐ Change ☐ Addito	
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CITY - ST - ZIP			5.4 CITY - ST. ZIF		
ITLE		DETELE	6.1301.5	Change Additi	
IAMÉ			6.2 NAME		
STREE! ADDRESS		•	6.3 STREET ADDRESS		
CITY - ST - 7IP			6.4 CITY - ST - ZIP		

14. If 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. If further certify that the information indicated on this amunal report of supplier ental amunal report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this amunal report of supplier ental amunal report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96

CR2E034 (12/95)

Zip Code

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