FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

0232882

FILED
May 04, 1999 8:00 am
Secretary of State
05-04-1999 90006 036 ***150.00

DOCUMENT # **F93000004571**

1. Corporation Name

WICC HOLDINGS, INC.

Principal Place of Business	Mailing Address
7900 ISLAND BLVD. NORTH MIAMI BEACH FL 33160 US	7900 ISLAND BLVD. NORTH MIAMI BEACH FL 33160 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
10/11/1993

		4. FEI Number **65-0445962**	Applied For / Not Applicable

2. Principal Place of Business	**2a.** Mailing Address	
21	26	**5.** Certifcate of Status Desired ☐ — **$8.75** Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	
City & State 23	City & State 28	**6.** Election Campaign Financing ☐ Trust Fund Contribution — **$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	**8.** This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	**10.** Name and Address of New Registered Agent
MATUS, ALAN 7900 ISLAND BLVD NORTH MIAMI BEACH FL 33160	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, typed or printed name of 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 **VTAS**	☒ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME **VOLLRATH, ROBERT K**		1.2 NAME		
STREET ADDRESS **7900 ISLAND BOULEVARD**		1.3 STREET ADDRESS		
CITY-ST-ZIP **NORTH MIAMI BEACH FL**		1.4 CITY-ST-ZIP		
TITLE **PSD**	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME **MATUS, ALAN**		2.2 NAME		
STREET ADDRESS **7900 ISLAND BOULEVARD**		2.3 STREET ADDRESS		
CITY-ST-ZIP **NORTH MIAMI BEACH FL**		2.4 CITY-ST-ZIP		
TITLE **VAS**	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME **LIEB, JAMES M.**		3.2 NAME		
STREET ADDRESS **7900 ISLAND BLVD**		3.3 STREET ADDRESS		
CITY-ST-ZIP **N. MIAMI BCH FL**		3.4 CITY-ST-ZIP		
TITLE **VAS**	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME **FINVARB, ROBERT I**		4.2 NAME		
STREET ADDRESS **7900 ISLAND BOULEVARD**		4.3 STREET ADDRESS		
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33160**		4.4 CITY-ST-ZIP		
TITLE **AS**	☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME **TORPEY, CARITE**		5.2 NAME		
STREET ADDRESS **7900 ISLAND BOULEVARD**		5.3 STREET ADDRESS		
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33160**		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. I 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 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Vice President _____ 4/28/99 (305) 937-7823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #