

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

FILED

Feb 18 1997 8:00am
Secretary of State

| | | |
|---|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # F95000003529 (3)

1. Corporation Name
INVESTORS OF WCI, INC.

| | |
|---|---|
| Principal Place of Business 801 LAUREL OAK DRIVE 500 NAPLES FL 33963 US | Mailing Address % THE PRENTICE-HALL CORPORATION SYSTEM, IN 1201 HAYS ST., STE. 105 TALLAHASSEE FL 32301-0401 |
|---|---|

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 34108 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 34108 Country |
|---|--|

| | |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified 07/21/1995 | 3a. Date of Last Report 04/19/1996 |
| 4. FEI Number 65-0648811 APPLIED FOR | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|--|
| 9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 | 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, 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 | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILLIAM F. STOLL | 1.2 NAME | |
| STREET ADDRESS | 11 STANWIX STREET | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | PITTSBURG PA | 1.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LANDRY, LAWRENCE L. | 2.2 NAME | |
| STREET ADDRESS | 140 S. DEARBORN ST | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | CHICAGO IL | 2.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HENRY H. PETERS | 3.2 NAME | |
| STREET ADDRESS | 567 S. KING STREET | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | HONOLULU HI | 3.4 CITY - ST - ZIP | |
| TITLE | DVP <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ACKERMAN, DON E. | 4.2 NAME | |
| STREET ADDRESS | 801 LAUREL OAK DRIVE | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | NAPLES FL | 4.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SUGARMAN, JAY | 5.2 NAME | |
| STREET ADDRESS | THREE PICKWICK PLAZA | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | GREENWICH CT | 5.4 CITY - ST - ZIP | |
| TITLE | P <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOFFMAN, A | 6.2 NAME | |
| STREET ADDRESS | 801 LAUREL OAK DR #500 | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | NAPLES FL | 6.4 CITY - ST - ZIP | |

14. I do 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.

Vivien Hastings, Secretary

1/23/97 (941) 597-6061

CR2E034 (9/96)

INVESTORS OF WCI, INC.

13. S
Vivien Hastings
801 Laurel Oak Drive, Suite 500
Naples, FL 34108

T
Alice Carlson
801 Laurel Oak Drive, Suite 500
Naples, FL 34108