

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

FILED
Feb 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000004918 (7)

1. Corporation Name
WCI HOLDINGS, INC.



Principal Place of Business 801 LAUREL OAK DRIVE SUITE 500 NAPLES FL 34108	Mailing Address 801 LAUREL OAK DRIVE SUITE 500 NAPLES FL 34108
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 24301 Walden Center Drive Suite, Apt. #, etc. 22 Suite 300 City & State 23 Bonita Springs, FL Zip 24 34134 Country 25 USA		2a. Mailing Address 26 24301 Walden Center Drive Suite, Apt. #, etc. 27 Suite 300 City & State 28 Bonita Springs, FL Zip 29 34134 Country 30 USA		3. Date Incorporated or Qualified 10/02/1995	4. FEI Number 65-0607440	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent HASTINGS, VIVIEN N 801 LAUREL OAK DRIVE, STE 500 NAPLES FL 33983		10. Name and Address of New Registered Agent 81 Name Vivien N. Hastings 82 Street Address (P.O. Box Number is Not Acceptable) 24301 Walden Center Drive 83 Suite 300 84 City Bonita Springs FL 85 Zip Code 34134					

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: *Vivien N. Hastings* DATE: **1/21/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOFFMAN JR, ALFRED		1.2 NAME Alfred Hoffman, Jr.	
STREET ADDRESS 801 LAUREL OAK DRIVE, STE 500		1.3 STREET ADDRESS 24301 Walden Center Drive	
CITY-ST-ZIP NAPLES FL		1.4 CITY-ST-ZIP Bonita Springs, FL 34134	
TITLE VT	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CARLSON, ALICE		2.2 NAME Steven C. Adelman	
STREET ADDRESS 801 LAUREL OAK DRIVE, STE 500		2.3 STREET ADDRESS 24301 Walden Center Drive	
CITY-ST-ZIP NAPLES FL		2.4 CITY-ST-ZIP Bonita Springs, FL 34134	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HASTINGS, VIVIAN		3.2 NAME Vivien N. Hastings	
STREET ADDRESS 801 LAUREL OAK DRIVE, STE 500		3.3 STREET ADDRESS 24301 Walden Center Drive	
CITY-ST-ZIP NAPLES FL		3.4 CITY-ST-ZIP Bonita Springs, FL 34134	
TITLE CD	<input type="checkbox"/> DELETE	4.1 TITLE DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ACKERMAN, DON E		4.2 NAME Don E. Ackerman	
STREET ADDRESS 801 LAUREL OAK DRIVE, STE 500		4.3 STREET ADDRESS 24301 Walden Center Drive	
CITY-ST-ZIP NAPLES FL		4.4 CITY-ST-ZIP Bonita Springs, FL 34134	
TITLE DV	<input checked="" type="checkbox"/> DELETE	5.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WHITNEY, SCOTT		5.2 NAME Larry Streib	
STREET ADDRESS 801 LAUREL OAK DRIVE, STE 500		5.3 STREET ADDRESS 24301 Walden Center Drive	
CITY-ST-ZIP NAPLES FL		5.4 CITY-ST-ZIP Bonita Springs, FL 34134	
TITLE V	<input type="checkbox"/> DELETE	6.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JERRY H. SCHMOYER		6.2 NAME Jerry H. Schmoyer	
STREET ADDRESS 24301 WALDEN CENTER DRIVE		6.3 STREET ADDRESS 24301 Walden Center Drive	
CITY-ST-ZIP BONITA SPRINGS, FL 34134		6.4 CITY-ST-ZIP Bonita Springs, FL 34134	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: *Vivien N. Hastings* DATE: **1/21/98** (941) 947-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)