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FILED
Jan 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # H43235 (1)
1. Corporation Name
W. M. ASSOCIATES, INC.



Principal Place of Business: G/O CATLIN, SAXON, TUTTLE AND EVANS, P.A. 169 EAST FLAGLER STREET, #1700 MIAMI FL 33131

Mailing Address: 2961B DAY AVENUE MIAMI FL 33133 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/12/1985

4. FEI Number: 59-2749310 Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24

2a. Mailing Address: 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28

29 30

g. Name and Address of Current Registered Agent
EVANS, JAMES C ESQ.
1700 ALFRED I. DUPONT BUILDING
169 EAST FLAGLER STREET
MIAMI FL 33131

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RIGAUD, GINETTE S	
STREET ADDRESS	13500 S.W. 69TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	SICLAIT, JEAN R	
STREET ADDRESS	13500 S.W. 69TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SICLAIT, EDOUARD	
STREET ADDRESS	13500 S.W. 69TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	SICLAIT, JOSETTE L	
STREET ADDRESS	13500 S.W. 69TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SICLAIT, HENRY	
STREET ADDRESS	13500 SW 69TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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.

SIGNATURE: _____ DATE: 1/5/98

CR2E084 (10/97)

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