FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 10 AM 9:05

DOCUMENT # J63046 (3)

1. Corporation Name
W.C. GROUP, INC.

Principal Place of Business
% ROBERT M. ARLEN
1501 CORPORATE DR., SUITE 200
BOYNTON BCH. FL 33426

Mailing Address
% ROBERT M. ARLEN
1501 CORPORATE DR., SUITE 200
BOYNTON BCH. FL 33426

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/01/1987
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-2795475 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

ARLEN, ROBERT M.
1501 CORPORATE DR #200
BOYNTON BCH. FL 33426

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	P	1.1 TITLE		☑ Change ☐ Addition
NAME	CHAMBERS, WILLIAM H. JR	1.2 NAME		
STREET ADDRESS	~~603 LAKE STREET~~	1.3 STREET ADDRESS	400 SELKIRK RD	
CITY-ST-ZIP	SANDPOINT ID	1.4 CITY-ST-ZIP		83864
TITLE	SD	2.1 TITLE		☐ Change ☐ Addition
NAME	CHAMBERS, CHRISTOPHER K.	2.2 NAME		
STREET ADDRESS	~~4000 WOODLAND DRIVE~~	2.3 STREET ADDRESS	725 SELKIRK RD	
CITY-ST-ZIP	SANDPOINT ID	2.4 CITY-ST-ZIP		83864
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	CHAMBERS, ROBERT H.	3.2 NAME		
STREET ADDRESS	700 SELKIRK RD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	SANDPOINT ID	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I 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)(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: William H Chambers Jr 3/5/95 208-265-5725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
WILLIAM H CHAMBERS JR

0254664 CP