

44 97 B-3996 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K00260 (5)
1. Corporation Name
WC REAL ESTATE HOLDINGS, INC.



Principal Place of Business 1900 AUSTRALIAN AVE 2ND FLOOR RIVERA BEACH FL 33404 US	Mailing Address 1800 AUSTRALIAN AVE 2ND FLOOR RIVERA BEACH FL 33404-5322 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 11/04/1987	3a. Date of Last Report 07/02/1996
4. FEI Number 52-1542528	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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SULLIVAN, DAVID 1900 SUSTRILIAN AVENUE, 2ND FLOOR RIVERA BEACH FL 33404
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	PERRY, JOHN G
STREET ADDRESS	2211 FRUITVILLE RD.
CITY-ST-ZIP	SARASOT FL
TITLE	PD
NAME	BELL, GREGORY A
STREET ADDRESS	2211 FRUITVILLE RD
CITY-ST-ZIP	SARASOTA FL
TITLE	D
NAME	ROGERS, DAVID
STREET ADDRESS	2211 FRUITVILLE RD
CITY-ST-ZIP	SARASOTA FL
TITLE	ST
NAME	D'ALESIO, PAUL A.
STREET ADDRESS	2211 FRUITVILLE RD.
CITY-ST-ZIP	SARASOTA FL
TITLE	DP
NAME	FEDDEN, HARRY R
STREET ADDRESS	1900 AUSTRIAN AVENUE
CITY-ST-ZIP	RIVERA BEACH FL
TITLE	DVST
NAME	SULLIVAN, DAVID
STREET ADDRESS	18900 AUSTRILIAN AVE
CITY-ST-ZIP	RIVERA BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: David Sullivan 3/24/97 561-842-4281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)