

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K42575** (6)

1. Corporation Name
WHB FINANCIAL SERVICES, INC.

Principal Place of Business
**9500 S. DADELAND BLVD.
#200
MIAMI FL 33156
US**

Mailing Address
**P.O. BOX 561567
MIAMI FL 33256-1567
US**

3. Date Incorporated or Qualified **11/01/1988** 3a. Date of Last Report **05/01/1995**

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

4. FEI Number **65-0087210** 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

**WORLEY, J. HAYES (JR)
9500 S DADELAND BLVD
STE 200
MIAMI FL 33156**

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 must be printed name of agent and agent's title in corporation.

Signature of Registered Agent is not required when re-registering.

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS BALL, CHARLES C. ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	9500 SO. DADELAND BLVD, #200	1.2 NAME	
STREET ADDRESS	MIAMI FL	1.3 STREET ADDRESS	
CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	
TITLE	DP HUMPHREY, HAROLD M. ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	9500 SO. DADELAND BLVD, #200	2.2 NAME	
STREET ADDRESS	CORAL GABLES FL	2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE	DV WORLEY, J. HAYES (JR) ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	500 SO. DADELAND BLVD, #200	3.2 NAME	
STREET ADDRESS	MIAMI FL	3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	DT CANAL, ELSA M. ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	9500 SO. DADELAND BLVD, #200	4.2 NAME	
STREET ADDRESS	CORAL GABLES FL	4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	V VODICKA, CHARLES H. ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	9500 DO. DADELAND BLVD, #200	5.2 NAME	
STREET ADDRESS	MIAMI FL	5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES C. BALL

Date

2/5/96

Daytime Phone #

305/670-6114

2-27-96 SC