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Mar 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

02/27/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0087210

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

Separate, typed or printed name of registered agent and if not applicable (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	BALL, CHARLES C.	
STREET ADDRESS	9500 SO. DADELAND BLVD, #200	
CITY - ST - ZIP	MIAMI FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	HUMPHREY, HAROLD M.	
STREET ADDRESS	9500 SO. DADELAND BLVD, #200	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	WORLEY, J. HAYES (JR)	
STREET ADDRESS	500 SO. DADELAND BLVD, #200	
CITY - ST - ZIP	MIAMI FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	CANAL, ELSA M.	
STREET ADDRESS	9500 SO. DADELAND BLVD, #200	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	VODICKA, CHARLES H.	
STREET ADDRESS	9500 SO. DADELAND BLVD, #200	
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

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 contained 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 or changed, or on an attachment to this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

3/3/97 305/670-6111

CR2E034 (9/96)