

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Mar 25 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K70547 (0)**  
 1. Corporation Name  
**WLMC REGISTERED AGENTS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>% LESLIE J. CROLAND          701 BRICKELL AVE., SUITE 2000          MIAMI FL 33131</b>	Mailing Address <b>% LESLIE J. CROLAND          701 BRICKELL AVE., SUITE 2000          MIAMI FL 33131</b>
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3. Date Incorporated or Qualified  
**03/06/1989**

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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4. FEI Number  
**65-0089263**

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

9. Name and Address of Current Registered Agent  
**CROLAND, LESLIE J.  
 701 BRICKELL AVE  
 SUITE 2000  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	CROLAND, LESLIE J.	
STREET ADDRESS	701 BRICKELL AVE, #2000	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	LUCIO, SATURNINO E.	
STREET ADDRESS	701 BRICKELL AVE, #2000	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MANDLER, JEFFREY L.	
STREET ADDRESS	701 BRICKELL AVE, #2000	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DMV	<input type="checkbox"/> DELETE
NAME	BRONSTEIN, PETER E.	
STREET ADDRESS	701 BRICKELL AVE, #2000	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	STEELE, CLIFFORD, R	
STREET ADDRESS	701 BRICKELL AVE #2000	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Garbett, David S.	
1.3 STREET ADDRESS	701 Brickell Avenue, Suite 2000	
1.4 CITY-ST-ZIP	Miami, Florida 33131	
2.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Stiphany, Gary T.	
2.3 STREET ADDRESS	701 Brickell Avenue, Suite 2000	
2.4 CITY-ST-ZIP	Miami, Florida 33131	
3.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Martinez, Elio	
3.3 STREET ADDRESS	701 Brickell Avenue, Suite 2000	
3.4 CITY-ST-ZIP	Miami, Florida 33131	
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 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: *Leslie J. Croland* **Leslie J. Croland** 3/18/98 (305) 579-0012

CR2E034 (10/97)