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
1995 JUL 13 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K70915** **(9)**

1. Corporation Name
WT CORP.

Principal Place of Business	Mailing Address
% JOHNSON K. THOMAS 5205 S.W. 87TH TERR COOPER CITY FL 33328	% JOHNSON K. THOMAS 5205 S.W. 87TH TERR COOPER CITY FL 33328

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/07/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 % JOHNSON K-THOMAS	26 6121 SW 183 WAY
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 6121 SW 183 WAY, FTL	City & State 28 FORT LAUDERDALE, FL
Zip / Country 24 33331 / 25 USA	Zip / Country 29 33331 / 30 USA

4. FEI Number: 65-0199348 ☐ 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

THOMAS, JOHNSON K.
5205 S.W. 87TH TERR
COOPER CITY FL 33328

10. Name and Address of New Registered Agent

01 Name: THOMAS, JOHNSON K.
02 Street Address (P.O. Box Number is Not Acceptable)
03 6121 SW 183 WAY
04 City: FORT LAUDERDALE, 05 FL 06 Zip Code: 33331

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: Johnson K Thomas (JHONSON K-THOMAS) TREASURER
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	VARUGHESE, CHACKO	1.2 NAME		
STREET ADDRESS	6000 NW 60TH AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	PARKLAND FL	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	VILAVINAL, MATHEW G.	2.2 NAME		
STREET ADDRESS	1820 NW 95 AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE	T	☒ Change ☐ Addition
NAME	THOMAS, JOHNSON K.	3.2 NAME	THOMAS, JOHNSON K.	
STREET ADDRESS	5205 SW 87TH TERR	3.3. STREET ADDRESS	6121 S.W. 183 WAY	
CITY-ST-ZIP	COOPER CITY FL	3.4 CITY-ST-ZIP	FORT LAUDERDALE, FLORIDA 33331	
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: Johnson K Thomas JOHNSON K-THOMAS (TREASURER) 7/2/95 305-434-6674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0235204 CP