

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

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K89423 (3)  
1. Corporation Name  
W-L BAY CORP.

Principal Place of Business

%SHERWOOD M. WEISER  
3250 MAY ST 5TH FLOOR  
MIAMI FL 33133-5232

Mailing Address

%SHERWOOD M. WEISER  
3250 MAY ST 5TH FLOOR  
MIAMI FL 33133-5232

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1989

4. FEI Number

65-0130744

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 owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

WEISER, SHERWOOD M  
3250 MARY ST 5TH FL  
MIAMI FL 33133

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, typed or printed name of registered agent and president if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	WEISER, SHERWOOD M	
STREET ADDRESS	3250 MARY ST STE 500	
CITY - ST - ZIP	MIAMI FL	
TITLE	OAS	<input type="checkbox"/> DELETE
NAME	WEISER, JUDITH	
STREET ADDRESS	3250 MARY ST STE 500	
CITY - ST - ZIP	MIAMI FL	
TITLE	DPAS	<input type="checkbox"/> DELETE
NAME	LEFTON, DONALD E	
STREET ADDRESS	3250 MARY ST STE 500	
CITY - ST - ZIP	MIAMI FL	
TITLE	DAT	<input type="checkbox"/> DELETE
NAME	FISHER, ROBYN C	
STREET ADDRESS	3250 MARY ST STE 500	
CITY - ST - ZIP	MIAMI FL	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	SIBLEY, PETER W	
STREET ADDRESS	3250 MARY ST STE 500	
CITY - ST - ZIP	MIAMI FL	
TITLE	STV	<input type="checkbox"/> DELETE
NAME	TEMLING, PETER W	
STREET ADDRESS	3250 MARY ST STE 500	
CITY - ST - ZIP	MIAMI 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 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 no address.

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER W. TEMLING

4/21/98

Date

305-445-2493

Daytime Phone # 0544321

CR2E034 (10/97)