

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

FILED
Apr 11 1996 8:00 am
Secretary of State

DOCUMENT # L31139 (3)

1. Corporation Name

WYCON CORPORATION

Principal Place of Business

210 UNIVERSITY DR., SUITE 900
CORAL SPRINGS FL 33071

Mailing Address

210 UNIVERSITY DR., SUITE 900
CORAL SPRINGS FL 33071



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

Zip

Country

9. Name and Address of Current Registered Agent

WEICHOLZ, STEPHEN
210 UNIVERSITY DR., SUITE 900
CORAL SPRINGS FL 33071

3. Date Incorporated or Qualified

11/21/1989

3a. Date of Last Report

02/27/1995

4. FEI Number

65-0158460

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

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 that applicable

(NOTE: Registered Agent signature results in withdrawal of

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME
PD
WEICHOLZ, STEPHEN
STREET ADDRESS
210 UNIVERSITY DR.
CITY-STATE-ZIP
CORAL SPRINGS FL

☐ DELETE

TITLE

NAME
VD
WILLS, DENNIS
STREET ADDRESS
210 UNIVERSITY DR.
CITY-STATE-ZIP
CORAL SPRINGS FL

☐ DELETE

TITLE

NAME
TD
SOLOMON, ALBERT S.
STREET ADDRESS
210 UNIVERSITY DR.
CITY-STATE-ZIP
CORAL SPRINGS FL

☐ DELETE

TITLE

NAME
SD
WEICHOLZ, SCOTT
STREET ADDRESS
210 UNIVERSITY DRIVE
CITY-STATE-ZIP
CORAL SPRINGS FL

☐ DELETE

TITLE

NAME
VD
SUTTER, KEN
STREET ADDRESS
210 UNIVERSITY DRIVE
CITY-STATE-ZIP
CORAL SPRINGS FL

☐ DELETE

TITLE

NAME
VD
DARREN, MARSH
STREET ADDRESS
210 UNIVERSITY DR
CITY-STATE-ZIP
CORAL SPRINGS FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

12. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

2. TITLE ☐ Change ☐ Addition

2.1. NAME

2.2. STREET ADDRESS

2.3. CITY-STATE-ZIP

2.4. CITY-STATE-ZIP

3.1. TITLE ☐ Change ☐ Addition

3.2. NAME

3.3. STREET ADDRESS

3.4. CITY-STATE-ZIP

4.1. TITLE ☐ Change ☐ Addition

4.2. NAME

4.3. STREET ADDRESS

4.4. CITY-STATE-ZIP

5.1. TITLE ☐ Change ☐ Addition

5.2. NAME

5.3. STREET ADDRESS

5.4. CITY-STATE-ZIP

6.1. TITLE ☐ Change ☐ Addition

6.2. NAME

6.3. STREET ADDRESS

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

4-8-96

CR2E034 (12/95)