

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norman
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 31 AM 10:56

DOCUMENT # L66266

(2)

1. Corporation Name

WAFIC HOLDINGS, INC.

Principal Place of Business

% WILLIAM A. CHAMBERLAIN
3801 SE FEDERAL HWY
STUART FL 34997

Mailing Address

% WILLIAM A. CHAMBERLAIN
3801 SE FEDERAL HWY
STUART FL 34997

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1990

3a. Date of Last Report

04/13/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0178189

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

10. Name and Address of New Registered Agent

CHAMBERLAIN, WILLIAM A.
3801 SE FEDERAL HWY
STUART FL 34997

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 in printed name of registered agent and State of Florida)

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	CHAMBERLAIN, WILLIAM A.
STREET ADDRESS	3801 SE FEDERAL HWY
CITY, ST, ZIP	STUART FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	D P T	☒ Change ☐ Addition
2. NAME	WILLIAM A. CHAMBERLAIN	
3. STREET ADDRESS	3801 SE FEDERAL HWY	
4. CITY, ST, ZIP	STUART, FLA. 34997	
5. TITLE	D S V	☐ Change ☒ Addition
6. NAME	WILLIAM F. CHAMBERLAIN	
7. STREET ADDRESS	3801 S. FEDERAL HWY	
8. CITY, ST, ZIP	STUART, FLA. 34997	
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 193, Florida Statutes, and that my name appears in Block 13 of this filing. If changed, or on an attachment with an address.

SIGNATURE

William A. Chamberlain

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William A. Chamberlain, Pres. 2/20/95 (407) 283 6000