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

DOCUMENT # L71160 (0)

1. Corporation Name
WCMC-FT. LAUDERDALE, INC.

Principal Place of Business
150 S. W. 12TH AVENUE
POMPANO BEACH FL 33069

Mailing Address
150 S. W. 12TH AVENUE
POMPANO BEACH FL 33069

MAY 15 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/08/1990
3a. Date of Last Report: 10/25/1994
4. FEI Number: 59-2463281 — 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

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)
2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

9. Name and Address of Current Registered Agent

BERSTEIN, BRUCE
150 S ANDREWS AVE
POMPANO BEACH FL 33069

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 ______ Date

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BERNSTEIN, ROBERT
STREET ADDRESS	150 S ANDREWS AVE
CITY-ST-ZIP	POMPANO FL
TITLE	D
NAME	BERNSTEIN, BRUCE
STREET ADDRESS	150 S ANDREWS AVE
CITY-ST-ZIP	POMPANO 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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(Blocks 1–6: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP — ☐ Change ☐ Addition; all blank)

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: [signature] ROBERT BERNSTEIN 5-10-95 305-941-6301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0112091 CP