

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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**

3. Date Incorporated or Qualified
05/08/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BERSTEIN, BRUCE
150 S ANDREWS AVE
POMPANO BEACH FL 33069**

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

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 607.0532 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 date of appointment.

DATE: Signature of Agent required when new agent.

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

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

1.2 TITLE ☐ DELETE

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

1.3 TITLE ☐ DELETE

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

1.4 TITLE ☐ DELETE

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

1.5 TITLE ☐ DELETE

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

1.6 TITLE ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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*****626.25**

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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT BERNSTEIN

04-02-96

954-941-6301

Date

Daytime Phone #

CR2E034 (12/95)

4-12-96