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

**PROFIT** CORPORATION ANNUAL REPORT

1997

**SIGNATURE:** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Apr 30 1997 8:00am

Secretary of State

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Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L71160

(0)

WCMC-FT. LAUDERDALE, INC.

Principal Place 150 S. W. 12TH SECOND FLOOP POMPANO BEA	AVENUE R	150 S. W. 12TH SECOND FLOOF	Mailing Address 150 S. W. 12TH AVENUE SECOND FLOOR POMPANO BEACH FL 33069-3298			3. Date Incorporated or Qualified 3a, Date of Last Report				
						05/08/199	)	04/	12/1996	
2. Principal Pl	ace of Business	2a. Mailing Add	Iress			4. FEI Number			Ap	plied For
21		26				59-24632	81			t Applicable
Suite, Apt. #, etc.		Suite, Apt. •	Suite, Apt. #, etc.			5. Certificate of	5. Certificate of Status Desired See Required Fee Required			
City & State		City & State	City & State			6. Election Cam Trust Fund C			\$5.00 Added to	<i>'</i> 1
Zigi	Country	Zip		Country		8. This corporal	ion has liability fo	r intangible	tax under s.	199.032,
24	25					Florida Statutes Yes No				
	g, Name and Address of Curr	ent Registered Agent			·	10. Name and A	ddress of New R	egistered	Agent	
BEE	BE, JOHN W.			81	Name					
150	SW 12TH AVENUE		82 Stree			Address (P.O. Box Number is Not Acceptable)				
	OND FLOOR IPANO BEACH FL 33069		83							
FOM	IFAITO DEACH FL 33009									
				84	City			FL	<b>85</b> Zip 0	Code
office or re agent I at SIGNATURE	to the provisions of Sections 607.0 egistered agent, or both, in the Stam familiar with, and accept the ob-	ite of Florida. Such cha ligations of, Section 60	inge was autho 7.0505, Florida	orized by Statute	the corp s.	corporation submits this oration's board of direct required when renstating)	statement for the tors. I hereby aco	purpose o ept the app	f changing its pointment as	s registered registered
12.	OFFICERS A	ND DIRECTORS		13.			HANGES TO OFF	ICERS ANI		
HILE	D		DELETE :	1.1 TITLE		P/S			L Change	X Addition
NAME	Bernstein, Robert			1.2 NAME	-					
STREET AUDRESS	150 S ANDREWS AVE			1 3 STREE	ADDRESS	Suite 201				
CIFY - ST - ZIFI	POMPANO FL			1.4 CITY-5	ST-ZIP	33069				
TRLE	D	×	DELETE	2.1 TITLE		D/V/T			Change	Addition
NAML	Bernstein, Bruce			2.2 NAME		Beebe, John	w.			
STREET ADDRESS	150 S ANDREWS AVE	•		2.3 STREE	ADDRESS	150 S.W. 12t		Suite	201	
CHY-SE-ZIP	POMPANO FL			2. 4 CiTY-	ST-ZIP	Pompano Beac				
THILE			DELETE	3.1 TITLE		1.			Change	☐ Addition
NAME			1	3.2 NAME		•				
STREET ADDRESS				3.3 STREE	ADDRESS					
City - St - ZIP				3.4. CITY-	ST-ZIP					
THLE			DELETE	4.1 TITLE					☐ Change	Addition
NAME				4. 2 NAME						
STREET ADDRESS				4.3 STREE	ADORESS					
CITY-SG-ZIP				4.4 CITY -	ST-ZIP	·				
TITLE	(a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		DELETE	5.1 TITLE					Change	Addition
NAM <del>!</del>				5.2 NAME	•					
STREET ADDRESS				5.3 STREE	T ADDRESS					
CITY-ST ZIF			l l	5.4 CITY-						
TIME			DELETE	6.1 TITLE				Mmstar mena	Change	Addition
NAME				62 NAME						
STREET AUDRESS				6.3 STREE	T ADDRESS					
	1	/ \								

14. I do hereby certify that the information supplied with the information indicated on this annual report of supplementarian an officer or director of the corporation of the corporati

d with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the supplymental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that the purply control of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

6.4 CITY - ST - ZIP