

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Myrtham
Secretary of State
CITY SEAL REGISTRATION

APPROVED
AND
FILED

55 MAY 12 1995 6:15

~~SECRET~~
TALLAHASSEE, FLORIDA

DOCUMENT # M07484

(2)

1. Corporation Name

WCMC-POMPANO/MIAMI, INC.

2. Principal Place of Business	3a. Mailing Address
150 S. W. 12 AVENUE POMPANO BCH. FL 33069	150 S. W. 12 AVENUE POMPANO BCH. FL 33069

21. State: Apt. # or Unit	26. Mailing Address	
22. City & State	27. State: Apt. # or Unit	
23. Zip	28. City & State	
24. 25. Zip	29. Zip	30. County

3. Date Incorporated or Organized	3a. Date of Last Report
11/07/1984	10/25/1994
4. FEI Number	Applied For
59-2463281	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 insurance for under \$1,000,000. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

B. Name and Address of Current Registered Agent

BERNSTEIN, BRUCE
150 S. ANDREWS AVE.
POMPANO BEACH FL 33069

81. Name	10. Name and Address of New Registered Agent
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code

11. Pursuant to the provisions of Sections 607.0503 and 607.1500, 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 for my corporation and assume the obligations of Section 607.0500, Florida Statutes.

SIGNATURE:

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. NAME STREET ADDRESS CITY, ST., ZIP	13. 1. NAME 2. NAME 3. STREET ADDRESS 4. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
BERNSTEIN, ROBERT 150 S. ANDREWS AVE. POMPANO BCH. FL	BERNSTEIN, ROBERT 150 S. ANDREWS AVE. POMPANO BCH. FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
BERNSTEIN, BRUCE 5041 NW 64 DR. CORAL SPRINGS FL	BERNSTEIN, BRUCE 5041 NW 64 DR. CORAL SPRINGS FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	11. NAME 12. NAME 13. STREET ADDRESS 14. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	15. NAME 16. NAME 17. STREET ADDRESS 18. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	19. NAME 20. NAME 21. STREET ADDRESS 22. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	23. NAME 24. NAME 25. STREET ADDRESS 26. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I declare, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 101.07(6), 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 the officer or director of this corporation or the successor or trustee responsible 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 addition.

SIGNATURE:

ROBERT BERNSTEIN 05/10/95 315-911-6301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0112085 0112085