

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M75399 (9)

1. Corporation Name
W/C STUDIO, INC.



Principal Place of Business
750 94TH AVE N
SUITE 203
ST PETE FL 33702
US

Mailing Address
750 94TH AVE. N.
SUITE 203
ST. PETERSBURG FL 33702
US

3. Date Incorporated or Qualified
04/05/1988

3a. Date of Last Report
03/21/1995

2. Principal Place of Business
21 208 PROVIDENCE ROAD
Suite, Apt. #, etc.

2a. Mailing Address
26 208 PROVIDENCE ROAD
Suite, Apt. #, etc.

4. FEI Number
59-2891321

Applied For
Not Applicable

22 City & State
23 Annapolis, MD
24 Zip 21401
25 Country USA

27 City & State
28 Annapolis, MD
29 Zip 21401
30 Country USA

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

COMPORT, ALLAN
750 94TH AVE N
SUITE 203
TAMPA FL 33702

10. Name and Address of New Registered Agent

81 Name
LANESE, NICK

82 Street Address (P.O. Box Number is Not Acceptable)
12944 PRESTWICK DRIVE

83

84 City
RIVERVIEW FL

85 Zip Code
33569

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

Nick Lanes

(NOTE: Registered Agent signature required when reinstating)

DATE

4.26.96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
DVT	COMPORT, ALLAN	205 25 NE	ST. PETERSBURG FL	<input type="checkbox"/>
DPS	COMPORT, SALLY	205 25 AVE NE	ST. PETERSBURG FL	<input type="checkbox"/>
D	LANESE, NICK	12944 PRESTWICK DR	RIVERVIEW FL	<input type="checkbox"/>
D	WERN, GEORGE	908 9TH STREET	NORTH CANTON OH	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED	Change	Addition
DVT	COMPORT, ALLAN	208 PROVIDENCE ROAD	ANNAPOLIS, MD 21401	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DPS	COMPORT, SALLY	208 PROVIDENCE ROAD	ANNAPOLIS, MD 21401	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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, or on an attachment with an address.

SIGNATURE:

Allan A. Comport
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.26.96
Date

410 349 8669
Daytime Phone #

CR2E034 (12/95)