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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:19

DOCUMENT # P92000012810 (7)

1. Corporation Name
W.M. FINANCIAL CORP.

Principal Place of Business:
1869 SABAL DR
BOCA RATON FL 33432

Mailing Address:
1869 SABAL DR
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/18/1992
3a. Date of Last Report: 08/30/1994

2. Principal Place of Business
21 1869 SABAL Palm DR
Suite, Apt. #, etc. 22
City & State 23 BOCA RATON FL
Zip 24 33432 Country 25 USA

2a. Mailing Address
26 1869 SABAL Palm DR
Suite, Apt. #, etc. 27
City & State 28 BOCA RATON FL
Zip 29 33432 Country 30 USA

4. FEI Number: 65-0374871 ☐ 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

9. Name and Address of Current Registered Agent

MORAITIS, GEORGE R
915 MIDDLE RIVER DR
SUITE 506
FT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name CHARLES E. WALDNER
82 Street Address (P.O. Box Number is Not Acceptable) 1869 SABAL Palm DR
83
84 City BOCA RATON FL 85 Zip Code 33432

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 2/7/95
(Typed or printed name of registered agent and title if applicable) (New Registered Agent signature required when applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	WALDNER, CHARLES E	12 NAME	
STREET ADDRESS	1869 SABAL DR	13 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MORRISON, R S	22 NAME	
STREET ADDRESS	902 CLINTMORE RD	23 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 with an address.

SIGNATURE: _____ 2/7/95
(Required) (Typed or printed name of person signing) (Title of person signing) (Date)

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