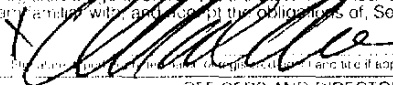
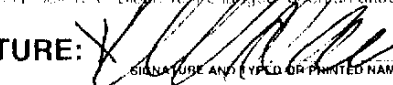


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P92000012810 (7) 1. Corporation Name W.M. Financial Corp					
Principal Place of Business 1600 S. Dixie Hwy Suite 1C Boca Raton, Fl 33432		Mailing Address 1600 S. Dixie Hwy Suite 1C Boca Raton, Fl 33432			
2. Principal Place of Business 21 1600 S Dixie Hwy Suite, Apt. #, etc. 22 Suite 1C City & State 23 Boca Raton, Fl Zip 24 33432		2a. Mailing Address 26 1600 S. Dixie Hwy Suite, Apt. #, etc. 27 Suite 1C City & State 28 Boca Raton, Fl Zip 29 33432		3. Date Incorporated or Qualified 12/18/92 3a. Date of Last Report 2/7/95 4. FEI Number 65 0374871 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 Charles E. Waldner, Jr 1600 S. Dixie Highway Ste 1C Boca Raton, Fl 33432			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 607.0502 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: 3/11/97					
12. OFFICERS AND DIRECTORS 11 TITLE ☐ DELETE 12 NAME Waldner, Charles E. 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE ☐ DELETE 22 NAME Morrison, RS 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE ☐ DELETE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE ☐ DELETE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE ☐ DELETE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE ☐ DELETE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition 11 TITLE 12 NAME 13 STREET ADDRESS 1600 S. Dixie Hwy. Suite 1C 14 CITY-ST-ZIP Boca Raton, Fl 33432 21 TITLE ☒ Change ☐ Addition 22 NAME 23 STREET ADDRESS 243 NE 5 Avenue 24 CITY-ST-ZIP Delray Beach, Fl 33444 31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information contained 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. (Changed or for an attachment with an address.) SIGNATURE:  3/11/97 561 3912797 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone					

CR2E034 (9/96)