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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P93000019729 (1)

WAYCO HOLDINGS, INC.

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address			f 189(188) file tense filtt Skin asin ablit beiet tebie chin coole tible 1854 ian		
ONE BLOCKBUSTER PLAZA 200 S ANTREWS AVE SIXTH FLOOR 200 S ANTREWS AVE SIXTH			LOOR		
FT LAUDERDA	LE FL 33301-1960	FT LAUDERDALE FL 33391-18	54	3. Date Incorporated or Qualified	J 3a. Date of Last Report
		•		03/16/1993	05/01/1996
2. Principal Pl	ace of Business	2a. Mailing Address	Λ/ Λ	4. FEI Number	Applied For
21 450 E	INCLEAS CAS TAL		CLZAC	vO 65-0404412	Not Applicable
Suite Apt	#, etc	Suite, Apt. #, etc.	00	5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	E JOU	City & State	<u> </u>	6. Election Campaign Financing	\$5.00 May Be
23 FA.) AL	ODERDALE FL	28 Ft. LAUDERDAG	~ F(	Trust Fund Contribution	Added to Fees
Zip	Country	Žiρ	Country	8. This corporation has liability for	
CC	<u> </u>	[29] <u>3330</u> [30]	AZY	Florida Statutes	Yes No
444	9. Name and Address of Currer		81 Name	10. Name and Address of New F	registered Agent
	RICAN INFORMATION SERVICE	:8, INC.			
ONE SE THIRD AVE 27TH FLOOR			82 Street Address (P.O. Box Number is Not Acceptable)		
	MI FL 33131		83		
****			84 City		85   Zip Code
			City		FL 85 Zip Code
11. Pursuant t	o the provisions of Sections 607.050	2 and 607.1508, Florida Statutes, t	he above-named	corporation submits this statement for the	purpose of changing its registered
office or re agent. Lar	ogistered agent, or both, in the State in familiar with, and accept the oblig	or Florida. Such change was auth- ations of, Section 607.0505, Florida	orized by the cor Statutes.	poration's board of directors. I hereby acc	ept the appointment as registered
SIGNATURE					
12.	Signature, typed or posted name of registered ag	ent and title if applicable (NOTE: Re D.D/RECTORS	gistered Agent signature	required when reinstating)  ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12
TITLE	PZO	DELETE	1.1 TITLE	PD	Change Addition
NAME	HUIZENGA, WAYNE JR		1.2 NAME	WALL BOLL & H. WALLEY T.	e ·
STREET ADDRESS	200 S. ANDREWS AVE.		1.3 STREET ADDRESS	1450 E LAS GLAS BLY	o 15 floor
CHY-ST-ZIP	FT LAUDERDALE FL 33301-1	360	1.4 City-St-ZiP	FUIT WOUDTLE FL	33301
TITLE	\$	DELETE	2.1 TITLE		Change
NAME	ROCHON, RICHARD C		2.2 NAME		- 10.00 Cuma south
STREET ADDRESS	200 S. ANDREWS AVE.		2.3 STREET ADDRESS	450 E LAS OLAS	·
CITY - S1 - ZIP	FT. LAUDERDALE FL		2. 4 CITY-ST-ZIP	F+ LAUDERDALE	FC 33301
TITLE	NECOL MAILMAN	DELETE	3 1 TITLE		Change Addition
NAME	PIERCE, WILLIAM 200 S ANDREWS AVE		3.2 NAME	MKG F LAC BLAC	BLVD SUITE 150
STREET ADDRESS	FT LAUDERDALE FL 33301		33 STREET ADDRESS	450 E LAS OLAS	
CITY -ST-ZIP TITLE	VP	DELETE	3.4. City+St-ZiP	Ft. LAUDERDALE	Change Addition
NAME.	HENNINGER, ROBERT	La Decemb	4. 2 NAME		,
STREET ADDRESS	200 S ANDREWS AVE		4.3 STREET ADDRESS	450 & LAS OLAS B	CVD SUITE 1500
CITY-ST-2IP	FT LAUDERDALE FL 33301		4.4 CITY - ST - ZIP	FT. LAUDERDALE	FC 33301
TITLE		☐ DELETE	5,1 TITLE	7	☐ Change ▲ Addition
NAME			5.2 NAME	BRANDEN CRIS V	1
STREET ADDRESS	1		5.3 STREET ADDRESS	450 E LAS OLAS BLA	10 15 House
Dity - ST - 7IP			5.4 CITY-ST-ZIP	FUIT CANDUONIE FL	. 33301
TITLE		L. DELETE	6.1 TITLE	N	2161136 Addition
NAME			<b>6.2 NAME</b> yath the	M 80000	01/9701006001
STREET ADDRESS			6.3 STREET ADORESS	1×1~1 -05/1	705 nn ****165.00
CITY - ST - ZIP			6.4 CITY-ST-ZIP	1 対点に 米米米	1133:00
14 Lela hacak	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	. الله المراجع المحمد ا	walles accessed	totad in Section 110 07/3Vi) Florida State	معادات المحمد مستوانات المحمد

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 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 capperation or the reference in trustee employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 Johan and for on an attachment with an address.

SIGNATURE:

CRIL V BRINGEN