

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 14 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000027589 (9)

1. Corporation Name

WSL REALTY ADVISORS, INC.

Principal Place of Business

614 BANYAN TRAIL
BOCA RATON FL 33431

Mailing Address

614 BANYAN TRAIL
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/15/1993

3a. Date of Last Report

03/08/1994

4. FEI Number

65-0422742

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

2. Principal Place of Business

21 130 E. Oakland Park Blvd

Suite, Apt. #, etc.

22 Suite 105

City & State

23 Fort Lauderdale, FL

Zip

24 33334

County

25 USA

2a. Mailing Address

26 931 Palm Trail

Suite, Apt. #, etc.

27 #5

City & State

28 Delray Beach, FL

Zip

29 33483

Country

30 USA

9. Name and Address of Current Registered Agent

LLOYD, W. SCOT
614 BANYAN TRAIL
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

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

83 931 Palm Trail #5

84 City

Delray Beach

FL

85 Zip Code

33483

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

Scott Lloyd
Signature, typed name and title of registered agent and fee if applicable

NOTE: Registered Agent signature required when resigning

4-10-95

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LLOYD, W. SCOT
STREET ADDRESS	614 BANYAN TRAIL
CITY - ST - ZIP	BOCA RATON FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	931 Palm Trail #5
1.4 CITY - ST - ZIP	Delray Beach, FL 33483
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(b), 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:

Scott Lloyd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-95

Date

407-276-2453

Telephone Number