

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

55 APR 27 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000047514 (2)**

1. Corporation Name
WHB MERGER SUB, INC.

Principal Place of Business: **4960 S.W. 72ND AVE- SUITE 401 MIAMI FL 33155**
Mailing Address: **4960 S.W. 72ND AVE- SUITE 401- MIAMI FL 33155**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/24/1994	3a. Date of Last Report
4. FEI Number 65-0502493	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for unreported fees under s. 190.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. 5901 NW 151 Street Suite Apt # etc 22. Suite 120 City & State 23. Miami Lakes, Florida Zip 24. 33014	2a. Mailing Address 26. 5901 NW 151 Street Suite Apt # etc 27. Suite 120 City & State 28. Miami Lakes, Florida Zip 29. 33014	Country 25. USA	Country 30. USA
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9. Name and Address of Current Registered Agent WEITZER, HARRY 4960 S.W. 72ND AVE- SUITE 401- MIAMI FL 33155	10. Name and Address of New Registered Agent 81. Name Weitzer, Harry 82. Street Address (P.O. Box Number is Not Acceptable) 5901 NW 151 Street 83. Suite 120 84. City Miami Lakes 85. Zip Code FL 33014
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11. Pursuant to the provisions of Sections 607.0503 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: _____ (Print Name and Title of Representative of the Corporation) _____ (Print Name and Title of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME WEITZER, HARRY STREET ADDRESS 4960 S.W. 72 AVE., SUITE 401 CITY, ST, ZIP MIAMI FL 33155		TITLE D/P NAME 5901 NW 151 Street, Suite 120 STREET ADDRESS Miami Lakes, Florida 33014 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		TITLE V/S NAME Estelle Burnside STREET ADDRESS 5901 NW 151 Street, Ste 120 CITY, ST, ZIP MIAMI LAKES, FL 33014	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		TITLE V/T/AS NAME George J. Coren STREET ADDRESS 5901 NW 151 Street, Ste 120 CITY, ST, ZIP MIAMI LAKES, FL 33014	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.071(5)(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 of this report, or on an attached report with an address.

SIGNATURE: *Estelle Burnside*
Estelle Burnside
SIGNATURE AND TITLE OF PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR
4/17/95 (305) 819-4663
Filing Office