

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

INCORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMARA B. WATSON
Secretary of State
Tallahassee, Florida 32399-0400

APPROVED
AND
FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000089878 (0)**

W.T.C., INC.

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified 12/12/1994	3a. Date of Last Report
4. FFI Number 65-0555821	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
7. This corporation has liability for intangible tax under § 199.032 Florida Statutes ☐ Yes ☒ No	

2. Principal Office in Florida 703 S FEDERAL HWY POMPANO BEACH FL 33062		2a. Mailing Address 703 S FEDERAL HWY POMPANO BEACH FL 33062	
21. State of Incorporation	26. Suite, Apt. #, etc.	27. City & State	
22. State of Principal Office	28. Zip	29. County	
23. State of Principal Office	24. State of Principal Office	25. State of Principal Office	30. State of Principal Office

9. Name and Address of Current Registered Agent BIZZARRO, DEBORAH L 2419 E COMMERCIAL BLVD SUITE 302 FT LAUDERDALE FL 33308		10. Name and Address of New Registered Agent	
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City
			85. Zip Code

11. I, the undersigned, in compliance with Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered agent and principal office 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 not a director, officer, or agent of the corporation at the time of filing this statement.

Signature of Registered Agent: _____ Date: _____
Signature of Agent for Change of Registered Agent: _____ Date: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS	
NAME WEBSTER, FREDERIC S 1760 SE 21 AVE POMPANO BEACH FL 33062	1. NAME 1. STREET ADDRESS 1. CITY, STATE, ZIP	☐ Change ☐ Addition	
NAME TOWNSHEND, ANTOINETTE 1325 S FLAGLER AVE #101 POMPANO BEACH FL 33060	2. NAME 2. STREET ADDRESS 2. CITY, STATE, ZIP	☐ Change ☐ Addition	
NAME CAPPADONA, GINGER 19 MOCKINGBIRD RD LAKE PLACID FL 33862	3. NAME 3. STREET ADDRESS 3. CITY, STATE, ZIP	☐ Change ☐ Addition	
NAME	4. NAME 4. STREET ADDRESS 4. CITY, STATE, ZIP	☐ Change ☐ Addition	
NAME	5. NAME 5. STREET ADDRESS 5. CITY, STATE, ZIP	☐ Change ☐ Addition	
NAME	6. NAME 6. STREET ADDRESS 6. CITY, STATE, ZIP	☐ Change ☐ Addition	
NAME	7. NAME 7. STREET ADDRESS 7. CITY, STATE, ZIP	☐ Change ☐ Addition	
NAME	8. NAME 8. STREET ADDRESS 8. CITY, STATE, ZIP	☐ Change ☐ Addition	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not comply for the corporation stated in Sections 130.01, 130.02, Florida Statutes. I further certify that the information is true and correct 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 the list of officers, directors, or trustees attached with an address.

SIGNATURE:

Frederic S. Webster 5-595 305-942-5111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

