

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # P94000094286 (9)

1. Corporation Name

WWCCI, INC.

95 MAY -1 AM 9:56

Principal Place of Business

Mailing Address

**9506 S RED RD
MIAMI FL 33156**

**9506 S RED RD
MIAMI FL 33156**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

55111-0445

RAMSEY

3. Date Incorporated or Qualified

3a. Date of Last Report

12/30/1994

4. FEI Number

☒ 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 S. 100.022,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OESTERLE, DOUGLAS W
9506 S RED RD
MIAMI FL 33156**

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

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

HARKER, DANIEL

STREET ADDRESS

9506 S RED RD

CITY - ST - ZIP

MIAMI FL 33156

11 TITLE

Daniel Harker

12 NAME

P.O. Box 11445

13 STREET ADDRESS

T.C. Airport, MN 55111-0445

14 CITY - ST - ZIP

☒ Change ☐ Addition

**N/A STREET
ADDRESS
THIS TIME**

21 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

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)(k), 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:

DANIEL HARKER

19 APRIL 95

Fax 715 386-5546

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #