

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000006019 (0)**

1. Corporation Name

WMC FLORIDA, INC.



Principal Place of Business

Mailing Address

**C/O THE METRONTARIO GROUP
ONE YORKDALE RD., SUITE 510
NORTH YORK, ONTARIO, CANADA M6A 3A1
OC**

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ONE YORKDALE RD., SUITE 510
NORTH YORK, ONTARIO, CANADA M6A 3A1
OC**

3. Date Incorporated or Qualified

01/24/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **225 S. Westmonte Drive**

Suite, Apt. #, etc.

27 **Suite 3020**

City & State

28 **Altamonte Springs, FL**

Zip

Country

Zip

Country

24

25

29 **32714**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
SUITE 1
TALLAHASSEE FL 32301**

81 Name

DAVID W. HALL

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

225 S. Westmonte Drive

83

Suite 3020

84

Altamonte Springs

FL

85

**Zip Code
32714**

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 provisions of Sections 607.0505, Florida Statutes.

SIGNATURE

David W. Hall

DAVID W. HALL

2/1/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD Asst. Sec.	<input type="checkbox"/> DELETE
NAME	SHOEL SILVER c/o	
STREET ADDRESS	One Yorkdale Rd., Suite 510	
CITY-ST-ZIP	North York, Ont. M6A 3A1 Canada	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	Lawrence Lubin c/o	
STREET ADDRESS	One Yorkdale Rd., Suite 510	
CITY-ST-ZIP	North York, Ont. M6A 3A1 Canada	
TITLE	Asst. Sec.	<input type="checkbox"/> DELETE
NAME	Matthew Fisher c/o	
STREET ADDRESS	One Yorkdale Rd., Suite 510	
CITY-ST-ZIP	North York, Ont. M6A 3A1 Canada	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	Bernard Cooper c/o	
STREET ADDRESS	One Yorkdale Rd., Suite 510	
CITY-ST-ZIP	North York, Ont. M6A 3A1 Canada	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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:

Lawrence Lubin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/96 (407) 865-5444
Date Daytime Phone #

CR2E034 (12/95)