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PROFIT CORPORATION ANNUAL REPORT

1997

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SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000024709 (3)

W.M. PROPERTIES, INC. Mailing Address Principal Place of Business 3380 BOPEG RD 3380 BOPEG RD CANTONMENT FL 32533 **CANTONMENT FL 32533** 3. Date Incorporated or Qualified 3a. Date of Last Report 03/20/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 3373309 59-Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country 8. This corporation has liability for intangible tax under s. 199.032, 25 Yes No 24 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WHITE, PHILLIP P 3424 BOPEG RD Street Address (P.O. Box Number is Not Acceptable) 82 **CANTONMENT FL 32533** 83 City Zip Code 85 11. Pursuant to the previsions 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 title it applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. 13. DELETE 1,1 TITLE Change Addition THE MAYO, JOHN R 1.2 NAME NAMI 3380 BOPEG RD 1.3 STREET ADORESS STREET ADDRESS **CANTONMENT FL 32533** 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE WHITE, PHILLIP P 22 NAME NAME 3424 BOPEG RD STREET ADDRESS 2.3 STREET ADDRESS **CANTONMENT FL 32533** 2. 4 CITY-ST-ZIP CITY-ST ZIP DELETE 3.1 TITLE Change Addition THILE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST- ZIP CITY-ST-Zir DELETE Change Addition 4.1 TIFLE THILE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 51 TITLE Change Addition 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIF DELETE 6.1 TITLE Change Addition 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

FILED
May 13 1997 8:00am
Secretary of State

DK 14800