

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000055440 (7)

1. Corporation Name

~~A. ZIMMAND WTV INVESTMENT, INC.~~

A. ZIMAND WGV INVESTMENT, INC. *Name OK (18)*

Principal Place of Business

~~O/O JOEL MASER
1221 BRICKELL AVENUE SUITE 2100
MIAMI FL 33131~~

Mailing Address

~~O/O JOEL MASER
1221 BRICKELL AVENUE SUITE 2100
MIAMI FL 33131~~

FILED

97 FEB 19 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



3. Date Incorporated or Qualified

06/28/1996

3a. Date of Last Report

N/A

2. Principal Place of Business

21 8803 Vistana Centre Dr

22 Suite 210

23 Orlando, FL

24 32821

25 USA

2a. Mailing Address

26 8803 Vistana Centre Dr

27 Suite 210

28 Orlando, FL

29 32821

30 USA

4. FEI Number

XX 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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

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

700002092137--8

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

~~TITLE~~
~~NAME~~
~~STREET ADDRESS~~
~~CITY, ST, ZIP~~
~~TITLE~~
~~NAME~~
~~STREET ADDRESS~~
~~CITY, ST, ZIP~~
~~TITLE~~
~~NAME~~
~~STREET ADDRESS~~
~~CITY, ST, ZIP~~
~~TITLE~~
~~NAME~~
~~STREET ADDRESS~~
~~CITY, ST, ZIP~~
~~TITLE~~
~~NAME~~
~~STREET ADDRESS~~
~~CITY, ST, ZIP~~

☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P/S/T ☒ Change ☐ Add-on
1.2 NAME Art Zimand
1.3 STREET ADDRESS 8803 Vistana Centre Drive, #210
1.4 CITY-ST-ZIP Orlando, Florida 32821

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied in 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 appears in Block 12 or Block 13. I changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Page

Exempt From Filing

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CR2E034 (9/96)

02/13/97



2

ACCOUNT NO. : 072100000032

REFERENCE : 264831 4303929

AUTHORIZATION :

COST LIMIT : \$ 165.00

Patricia Pizitz

ORDER DATE : February 19, 1997

ORDER TIME : 9:57 AM

ORDER NO. : 264831-005

CUSTOMER NO: 4303929

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CUSTOMER: Ms. Sheryl C. Vainstein
Greenberg Traurig Hoffman
22nd Floor
1221 Brickell Avenue
Miami, FL 33131-3238

ANNUAL REPORT FILING

NAME: A. ZIMAND WGV INVESTMENT, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX (2) PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS: _____

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97 FEB 19 AM 10:55
DIVISION OF CORPORATION