

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

FILED  
Mar 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000095122 (3)

1. Corporation Name  
WLD CHARLESTON SQUARE, INC.



Principal Place of Business

C/O WILLIAM D. HORVITZ  
1 EAST BROWARD BLVD #1101  
FORT LAUDERDALE FL 33301

Mailing Address

C/O WILLIAM D. HORVITZ  
1 EAST BROWARD BLVD #1101  
FORT LAUDERDALE FL 33301-1842

2. Principal Place of Business

21 Suite, Apt. #, etc.  
LAS OLAS CENTRE  
450 EAST LAS OLAS BOULEVARD, #900  
FORT LAUDERDALE, FLORIDA 33301

2a. Mailing Address

26 LAS OLAS CENTRE  
450 EAST LAS OLAS BOULEVARD, #900  
FORT LAUDERDALE, FLORIDA 33301

23 Zip Country  
24 25

28 Zip Country  
29 30

3. Date Incorporated or Qualified  
11/20/1996

3a. Date of Last Report

4. FEI Number

ADDED FOR

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

IGLESIAS, JOANNA  
1221 BRICKELL AVENUE  
SUITE 2100  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name HORVITZ, WILLIAM D  
82 Street Address LAS OLAS CENTRE (Acceptable)  
450 EAST LAS OLAS BOULEVARD, #900  
83 FORT LAUDERDALE, FLORIDA 33301  
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 title if applicable

(NOTE: Registered Agent signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HORVITZ, WILLIAM D	
STREET ADDRESS	1 EAST BROWARD BLVD #1101	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	LAS OLAS CENTRE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	450 EAST LAS OLAS BOULEVARD, #900	
1.3 STREET ADDRESS	FORT LAUDERDALE, FLORIDA 33301	
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 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 if changed, or on an attachment with an address.

SIGNATURE

CR2E034 (9/96)