

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

FILED
Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000014019 (8)**

1. Corporation Name
WTN, INC. OF FLORIDA

Principal Place of Business 8130 SW 163 STREET MIAMI FL 33157	Mailing Address 8130 SW 163 STREET MIAMI FL 33157
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/10/1997	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 11-3157473		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent TORICELLA, ROBERTO A 100 SE SECOND STREET MIAMI FL 33131-2144		10. Name and Address of New Registered Agent	
		81 Name TORRICELLA, ROBERTO A., JR.	
		82 Street Address (P.O. Box Number is Not Acceptable) 100 SOUTHEAST SECOND STREET	
		83 Suite 3300	
		84 City MIAMI	85 Zip Code FL 33131

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 **N/A - Correcting Address in #9 to include Suite Number**
Signature: typed or printed name of registered agent and the corporation (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	SECRETARY/DIRECTOR
NAME	MEEGAN, EDWARD J	1.2 NAME	MEEGAN, EDWARD J.
STREET ADDRESS	350 S OCEAN BLVD	1.3 STREET ADDRESS	350 S Ocean Blvd
CITY-ST-ZIP	PALM BEACH FL 33480	1.4 CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	VD	2.1 TITLE	TREASURER/DIRECTOR
NAME	WILSON, LEE	2.2 NAME	WILSON, LEE
STREET ADDRESS	8 CHIPPEWA CT	2.3 STREET ADDRESS	8 Chippewa Ct.
CITY-ST-ZIP	SUFERN NY 10901	2.4 CITY-ST-ZIP	Sufem, N.Y. 10901
TITLE	SD	3.1 TITLE	VICE PRESIDENT/DIRECTOR
NAME	WILSON, IRIS	3.2 NAME	Wilson, Iris
STREET ADDRESS	8 CHIPPEWA CT	3.3 STREET ADDRESS	8 Chippewa Ct.
CITY-ST-ZIP	SUFERN NY 10901	3.4 CITY-ST-ZIP	Sufem, N.Y. 10901
TITLE	TD	4.1 TITLE	PRESIDENT/DIRECTOR
NAME	INGRID, BLAU	4.2 NAME	Blau, Ingrid
STREET ADDRESS	350 S OCEAN BLVD	4.3 STREET ADDRESS	350 S. Ocean Blvd.
CITY-ST-ZIP	PALM BEACH FL 33480	4.4 CITY-ST-ZIP	Palm Beach, FL 33480
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 **Edmund J. Meegan** 1/2/98 (25) 87/9720

CR2E034 (10/97)