

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000018242

Entity Name: WAC OF FT. LAUDERDALE, INC.

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

1415 WEST CYPRESS CREEK RD.
FT. LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

1415 WEST CYPRESS CREEK RD.
FT. LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 65-0740689

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POSNER, MICHAEL J ESQ
4420 BEACON CIRCLE
SUITE 100
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALTSCHUL, KEN
Address: 16 VERONA COURT
City-St-Zip: NEW CITY, NY 10956

Title: VP () Delete
Name: WOLF, ED
Address: 955 EAST END
City-St-Zip: WOODMERE, NY 11598

Title: S () Delete
Name: ALTSCHUL, GARY
Address: 1415 W. CYPRESS CREEK RD.
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: T () Delete
Name: ALTSCHUL, GARY
Address: 1415 W. CYPRESS CREEK RD.
City-St-Zip: FT. LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY ALTSCHUL

T

04/15/2009

Electronic Signature of Signing Officer or Director

Date