

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
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DOCUMENT # **S16080** (1)
1. Corporation Name
WWL HOLDINGS, INC.



Principal Place of Business C/O WILLIAM D. HORVITZ 1-EAST BROWARD BLVD., SUITE 1101 FT. LAUDERDALE FL 33301	Mailing Address C/O WILLIAM D. HORVITZ 1-EAST BROWARD BLVD., SUITE 1101 FT. LAUDERDALE FL 33301-1842
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3. Date Incorporated or Qualified 12/04/1990	3a. Date of Last Report 03/07/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 LAS OLAS CENTRE 450 EAST LAS OLAS BOULEVARD, #900 FORT LAUDERDALE, FLORIDA 33301 23 24 Zip 25 Country	2a. Mailing Address 26 Suite 27 LAS OLAS CENTRE 450 EAST LAS OLAS BOULEVARD, #900 FORT LAUDERDALE, FLORIDA 33301 28 29 Zip 30 Country	4. FET Number 65-0230449 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
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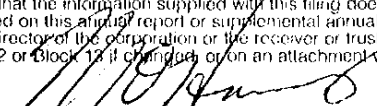
9. Name and Address of Current Registered Agent HORVITZ, WILLIAM D. 1-EAST BROWARD BLVD. SUITE 1101 FT. LAUDERDALE FL 33301	10. Name and Address of New Registered Agent 81 Name 82 Street Address (If Box Number is Not Applicable) 450 EAST LAS OLAS BOULEVARD, #900 83 FORT LAUDERDALE, FLORIDA 33301 84 City FL 85 Zip Code
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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's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST HORVITZ, WILLIAM D. 1-E BROWARD BLVD. #1101 FT. LAUDERDALE FL ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	LAS OLAS CENTRE 450 EAST LAS OLAS BOULEVARD, #900 FORT LAUDERDALE, FLORIDA 33301 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HORVITZ, DAVID W. 1-E BROWARD BLVD #1101 FT. LAUDERDALE FL 33301 ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	LAS OLAS CENTRE 450 EAST LAS OLAS BOULEVARD, #900 FORT LAUDERDALE, FLORIDA 33301 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LUKE, DOUGLAS S 1-E BROWARD BLVD #1101 FT. LAUDERDALE FL 33301 ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	LAS OLAS CENTRE 450 EAST LAS OLAS BOULEVARD, #900 FORT LAUDERDALE, FLORIDA 33301 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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)