

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S66593** (2)

1. Corporation Name

THE WANTMAN GROUP, INC.



Principal Place of Business

**8177 W GLADES RD
SUITE 211
BOCA RATON FL 33434
US**

Mailing Address

**8903 GLADES ROAD
SUITE L-9229
BOCA RATON FL 33434**

2. Principal Place of Business

21 **543 N.W. 77 ST**

2a. Mailing Address

26 **543 N.W. 77 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **101**

27 **101**

City & State

City & State

23 **BOCA RATON FL**

28 **BOCA RATON**

Zip

Country

Zip

Country

24 **33487**

25 **US**

29 **33487**

30 **US**

3. Date Incorporated or Qualified

07/12/1991

3a. Date of Last Report

01/30/1995

4. FEI Number

65-0271367

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

10. Name and Address of New Registered Agent

**WANTMAN, JOEL
8177 W GLADES RD
SUITE 211
BOCA RATON FL 33434**

81 Name

WANTMAN, JOEL

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

543 N.W. 77 ST

83

101

84 City

BOCA RATON

FL

85 Zip Code

33487

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]

(NOTE: Registered Agent signature required when reinstating)

1/21/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PSD** ☐ DELETE
NAME **WANTMAN, JOEL**
STREET ADDRESS **8177 W GLADES RD SUITE 211**
CITY-STATE-ZIP **BOCA RATON FL**

1.1 TITLE **PSD** ☒ Change ☐ Addition
1.2 NAME **Joel Wantman**
1.3 STREET ADDRESS **543 N.W. 77 ST**
1.4 CITY-STATE-ZIP **BOCA RATON FL 33487**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

1/22/96 407-998-9008

CR2E034 (12/95)