

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V51764

1. Corporation Name
W/L KEY CORP.

Principal Place of Business

3250 MARY STREET
5TH FLOOR
MIAMI FL 33133

Mailing Address

3250 MARY STREET
5TH FLOOR
MIAMI FL 33133

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90008 010 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/20/1992

4. FEI Number

65-0353176

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

WEISER, SHERWOOD M.
3250 MARY STREET
SUITE 501
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name

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

83

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC ☐ DELETE
NAME WEISER, SHERWOOD M.
STREET ADDRESS 3250 MARY STREET SUITE 500
CITY-ST-ZIP MIAMI FL

TITLE DAS ☐ DELETE
NAME WEISER, JUDITH
STREET ADDRESS 3250 MARY STREET SUITE 500
CITY-ST-ZIP MIAMI FL

TITLE DPAS ☐ DELETE
NAME LEFTON, DONALD E.
STREET ADDRESS 3250 MARY STREET, STE 500
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE
NAME FISHER, RBYN C.
STREET ADDRESS 3250 MARY STREET
CITY-ST-ZIP MIAMI FL

TITLE VTS ☐ DELETE
NAME TEMLING, W. PETER
STREET ADDRESS 3250 MARY ST., STE 500
CITY-ST-ZIP MIAMI FL

TITLE VAS ☐ DELETE
NAME HEWITT, THOMAS F.
STREET ADDRESS 3250 MARY ST., STE 500
CITY-ST-ZIP MIAMI FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

W. PETER TEMLING
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99

(305) 445-4200

Date

Daytime Phone #

0193213

CR2E034 (1/98)