

COMMONWEALTH OF KENTUCKY
BREMER EHRLER - SECRETARY OF STATE - (502) 564-2848
P. O. BOX 1150
FRANKFORT, KY 40602-1150

09/01/91

RECORD NO. 117883 STATE OF INCORPORATION: KENTUCKY
CORPORATE NAME: WBS, S.E., INC.

FILING FEE: 15.00

ADDRESS OF REGISTERED AGENT & OFFICE

C T CORP. SYSTEM
KY. HOME LIFE BLDG.
LOUISVILLE, KY. 40202-1437

PRINCIPAL OFFICE ADDRESS:

Lowell B. Greenwood
1650 S. DIXIE HWY., STE. 1-C
BOCA RATON, FLA. 33432

066161

O.K. corrected

NOTICE

A REVIEW OF OUR RECORDS INDICATES THAT THE ABOVE NAMED CORPORATION IS PAST DUE IN FILING THE 1991 ANNUAL VERIFICATION REPORT. IN ORDER TO AVOID ADMINISTRATIVE DISSOLUTION OR REVOCATION OF CERTIFICATE OF AUTHORITY, THE ANNUAL REPORT MUST BE FILED WITH THE SECRETARY OF STATE WITHIN SIXTY (60) DAYS FROM THE DATE OF THIS NOTICE. (ON OR BEFORE 4:30 P.M., 10/31/91)

THE CORPORATION MAY COMPLETE THIS NOTICE AND RETURN TO THE ABOVE ADDRESS, ALONG WITH THE REQUIRED FILING FEE. ADDRESS CORRECTION REQUESTED TO THE PRINCIPAL OFFICE ADDRESS. A FORM WILL BE MAILED UPON REQUEST IF A CHANGE TO THE REGISTERED AGENT OR REGISTERED OFFICE ADDRESS HAS OCCURRED.

PLEASE TYPE OR PRINT - THE NAMES AND BUSINESS ADDRESS OF THE CORPORATION'S DIRECTORS AND PRINCIPAL OFFICERS. ATTACH A CONTINUATION SHEET IF NECESSARY. IF YOU ARE THE ONLY OFFICER, DENOTE SOLE OFFICER BY YOUR NAME AND ADDRESS. 33432

PRESIDENT *Lowell B. Greenwood* 1901 S. Ocean Blvd., #503, Boca Raton, FL

VICE PRES. _____ *% Amick + Helm, Speed Bldg., #200,*

SECRETARY *William A. Klein* LOUISVILLE, KY 40202

TREASURER " " " " " " " "

OTHER _____

(PROFESSIONAL SERVICE CORPORATIONS - IN ADDITION TO THE DIRECTORS & PRINCIPAL OFFICERS, YOU MUST ALSO LIST THE NAMES & ADDRESSES OF ALL THE SHAREHOLDERS)

I VERIFY THAT THE INFORMATION CONTAINED IN THE ANNUAL REPORT IS CURRENT AND THAT I AM AUTHORIZED TO SIGN THIS REPORT ON BEHALF OF THE CORPORATION.

SIGNATURE *Lowell B. Greenwood* TITLE *President* DATE *10/17/91* TELEPHONE *407-394-4463*

PURSUANT TO KRS 274.105, I THE UNDERSIGNED BEING PRESIDENT OF SAID PROFESSIONAL SERVICE CORPORATION, DO HEREBY CERTIFY THAT ALL OF THE SHAREHOLDERS OF SAID CORPORATION, NOT LESS THAN ONE HALF OF THE DIRECTORS, AND ALL OFFICERS OTHER THAN SECRETARY & TREASURER, ARE DULY QUALIFIED UNDER CHAPTER 274.

PRESIDENTS SIGNATURE _____