

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G25323 (8)

1. Corporation Name
WRD, INC.



Principal Place of Business 3000 N.E. 30TH PLACE STE. #200 FT. LAUDERDALE FL 33306 US	Mailing Address 3000 N.E. 30TH PLACE STE. #200 FT. LAUDERDALE FL 33306 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified: 02/23/1983 3a. Date of Last Report: 04/24/1995 4. FEI Number: 59-3384993 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. 190.032, Florida Statutes: ☒ Yes ☐ No
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9. Name and Address of Current Registered Agent PARKER, CLAYTON E KIRKPATRICK & LOCKHART 201 S. BISCAYNE BLVD. MIAMI FL 33131	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

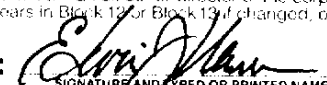
Signature typed or printed name of registered agent and director (acceptable)

(NOTE: Registered Agent signature required when re-registering)

(DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	WERNER, EDWIN J	12 NAME	
STREET ADDRESS	2850 ROBINHOOD RD.	13 STREET ADDRESS	
CITY-ST-ZIP	WINSTON-SALEM N.	14 CITY-ST-ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	DUGAN, RONALD C	22 NAME	
STREET ADDRESS	529 N. 3RD STREET	23 STREET ADDRESS	
CITY-ST-ZIP	ROGERS CITY MI	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	WERNER, MARIE E	32 NAME	WERNER, MARK E.
STREET ADDRESS	803 W. 48TH ST, APT#806	33 STREET ADDRESS	803 W. 48 ST, APT. # 806
CITY-ST-ZIP	KANSAS CITY KS	34 CITY-ST-ZIP	KANSAS CITY, KS
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  Edwin J. Werner
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-11-96 910-896-0066
 Date Date Phone #

CR2E034 (3/96)