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

DOCUMENT # **G25323** **(8)**

1. Corporation Name

WRD, INC.

Principal Place of Business	Mailing Address
3000 N.E. 30TH PLACE STE. #200 FT. LAUDERDALE FL 33306 US	3000 N.E. 30TH PLACE STE. #200 FT. LAUDERDALE FL 33306 US

3. Date Incorporated or Qualified: 02/23/1983
3a. Date of Last Report: 04/24/1995
4. FEI Number: 59-3384993 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26 2850 Robinhood Rd
22 Suite, Apt #, etc.	27 Suite, Apt #, etc.
23 City & State	28 Winston-Salem N.C.
24 Zip / 25 Country	29 Zip 27106 / 30 Country USA

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 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	PD	☐ DELETE
NAME	WERNER, EDWIN J	
STREET ADDRESS	2850 ROBINHOOD RD.	
CITY-ST-ZIP	WINSTON-SALEM N.	
TITLE	STD	☐ DELETE
NAME	DUGAN, RONALD C	
STREET ADDRESS	529 N. 3RD STREET	
CITY-ST-ZIP	ROGERS CITY MI	
TITLE	D	☐ DELETE
NAME	WERNER, MARIE E	
STREET ADDRESS	803 W. 48TH ST, APT#806	
CITY-ST-ZIP	KANSAS CITY KS	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	WERNER, MARK E.	
3.3 STREET ADDRESS	803 W. 48 ST., APT. # 806	
3.4 CITY-ST-ZIP	KANSAS CITY, KS	
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		

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***225.00

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: [signature] Edwin J. Werner 6-11-96 910-896-0066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)