FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

DOCUMENT # N93000004860 (3)

1. Corporation Name

WEDGEVAL MASTER ASSOCIATION, INC.

FILED

95 FEB 28 AM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1049 NW 3RD ST HALLANDALE FL 33009	1049 NW 3RD ST HALLANDALE FL 33009

3. Date Incorporated or Qualified: 10/28/1993

3a. Date of Last Report: 02/02/1994

4. FEI Number: 65-0448228 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)

Suite, Apt. #, etc. (22)

City & State (23)

Zip (24) Country (25)

2a. Mailing Address (26)

Suite, Apt. #, etc. (27)

City & State (28)

Zip (29) Country (30)

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KROHN, MARK S
1049 NW 3RD ST
HALLANDALE FL 33009

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: Mark S. Krohn Pres. 2-21-95

(If changing registered name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	☐ Change ☐ Addition
NAME	KROHN, MARK S	1.2 NAME	
STREET ADDRESS	1049 NW 3RD ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	☐ Change ☐ Addition
NAME	KROHN, DANIEL	2.2 NAME	
STREET ADDRESS	1049 NW 3RD ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	KROHN, BARRY	3.2 NAME	
STREET ADDRESS	1049 NW 3RD ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	3.4 CITY-ST-ZIP	
TITLE	DD	4.1 TITLE	☐ Change ☐ Addition
NAME	LENZ, GORDON	4.2 NAME	
STREET ADDRESS	1049 NW 3RD ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	HOLT, LINDA	5.2 NAME	
STREET ADDRESS	11019 W BROWARD BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33326	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	PARADELLA, ROXSANNA	6.2 NAME	
STREET ADDRESS	11021 W BROWARD BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33326	6.4 CITY-ST-ZIP	

14. I/We 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on any attachment with an address.

SIGNATURE: Mark S. Krohn MARK S. KROHN 2/21/95 456 6066

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone #)

0037333