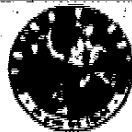


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

55 APR 24 PM 3:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # G25323 (8)

1. Corporation Name
WRD, INC.

Principal Place of Business
**3000 N.E. 30TH PLACE
STE. #200
FT. LAUDERDALE FL 33308
US**

Mailing Address
**3000 N.E. 30TH PLACE
STE. #200
FT. LAUDERDALE FL 33308
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/23/1983** 3a. Date of Last Report **05/01/1994**
4. FBI Number **NOT APPLICABLE 59-2384993** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**R.J. RYNKIEWICZ
3000 N.E. 30TH PLACE SUITE 200
FT. LAUDERDALE FL 33308**

81 Name **Clayton E. Parker**
82 Street Address (P.O. Box Number is Not Acceptable) **Kirkpatrick & Lockhart, 201 S. Biscayne Blvd.**
83 **20th Floor**
84 City **Miami** FL 85 Zip Code **33131**

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 *Clayton E. Parker* **Clayton E. Parker** **4-17-95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PO
NAME	J.F. QUINLAN
STREET ADDRESS	3000 N.E. 30TH PLACE SUITE 200
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	STD
NAME	RYNKIEWICZ, R J
STREET ADDRESS	3000 N.W. 30TH PL 208
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	D
NAME	JOHN DAVIDSON
STREET ADDRESS	3000 N.E. 30TH PLACE
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	EDWIN J WERNER	
1.3 STREET ADDRESS	2850 Robinhood Rd	
1.4 CITY - ST - ZIP	WINSTON-SALEM NC, 27106	
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RONALD C. DWYAN	
2.3 STREET ADDRESS	529 N 34th ST	
2.4 CITY - ST - ZIP	ROGERS City, MICH 49779	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MAUR E. WERNER	
3.3 STREET ADDRESS	803 W 48th ST, Apt 806	
3.4 CITY - ST - ZIP	KANSAS CITY, MO 64112	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 Statute. 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 to, on an attachment with an address.

SIGNATURE: *Edwin J. Werner* **Edwin J. WERNER** **3/30/95** **710-721-1295**
Signature, typed or printed name of signing officer or director (Title) (City and Phone #)