

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 16, 1999 8:00 am**  
**Secretary of State**

04-16-1999 90044 002 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 551487

1. Corporation Name  
**WERNER REALTY CORP.**



Principal Place of Business  
 5501 3 BCH BLVD  
 SUITE 7  
 JACKSONVILLE FL 32207  
 US

Mailing Address  
 5501 3 BCH BLVD  
 SUITE 7  
 JAX FL 32207  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
 11/18/1977

4. FEI Number  
 59-1830726

5. Certificate of Status Desired  Applied For  
 Not Applicable  \$8.75 Additional Fee Required

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

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 1835-A North Third St. 22 A 23 Jacksonville Beach, FL 24 32250 25 USA

2a. Mailing Address

26 PO Box 551616 27 Suite, Apt. #, etc. 28 Jacksonville, FL 29 32255-1616 30 USA

9. Name and Address of Current Registered Agent

WERNER, MARK A. - SAME  
 5501 3 BCH BLVD  
 JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
~~1819 South Ocean Drive~~  
 83 1835-A North Third Street  
 84 City Jacksonville Beach FL 85 Zip Code 32250

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]* DATE: 4/8/99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WERNER, MARK A.	
STREET ADDRESS	1819 SOUTH OCEAN DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	WERNER, MARK A.	
STREET ADDRESS	1819 S. OCEAN DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 hereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 4/8/99 DAYTIME PHONE #: 904-249-8443

CR2E034 (1/98)