

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 24 PM 2:56

DOCUMENT # **G06833** (9)

1. Corporation Name  
**WARECO ENTERPRISES, INC.**

Principal Place of Business Mailing Address  
**11631 SW 10TH STREET** **11631 SW 10TH STREET**  
**PEMBROKE PINES FL 33025** **PEMBROKE PINES FL 33025**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/27/1982** 3a. Date of Last Report **02/09/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-2347489</b>	Applied For <input type="checkbox"/>
21	26		Not Applicable <input type="checkbox"/>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
City & State	City & State	28	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	28	29	
Zip	Country	Zip	Country
24	25	29	30

**8. Name and Address of Current Registered Agent**

**KRAIZGRUN, DAVID**  
**11631 SW 10TH STREET**  
**PEMBROKE PINES 33025**

**10. Name and Address of New Registered Agent**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAIZGRUN, DAVID	1.2 NAME	
STREET ADDRESS	11631 SW 10TH STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	PEMBROKE PINES FL	1.4 CITY - ST - ZIP	
TITLE	VPDS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, PAULINE	2.2 NAME	
STREET ADDRESS	11631 SW 10 ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	PEMBROKE PINES FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(3)(b), Florida Statutes. I further certify that the information included 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an amendment with an address.

SIGNATURE: *David Kraizgrun* **DAVID KRAIZGRUN PRES** DATE: **1/15/95** **(305) 369-0307**