

**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. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **G06833**  
 1. Corporation Name  
**WARECO ENTERPRISES, INC.**

Principal Place of Business Mailing Address  
**2695 HACKNEY RD**  
**FT. LAUDERDALE FL**  
**33331**

3. Date Incorporated or Qualified **10/27/82** 3a. Date of Last Report **1/26/95**  
 4. FEI Number **59-2347489** 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 **2695 HACKNEY RD** 26 **2695 HACKNEY RD**  
 Suite, Apt #, etc Suite, Apt #, etc  
 22 **FL. LAUDERDALE FL** 27 **FL. LAUDERDALE FL**  
 City & State City & State  
 24 **33331** 25 **BROWARD** 29 **33331** 30 **BROWARD**  
 Zip Country Zip Country

9. Name and Address of Current Registered Agent

**DAVID KRAIZGRUN**  
**2695 HACKNEY RD**  
**FT. LAUDERDALE FL**  
**33331**

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 *David Kraizgrun* **DAVID KRAIZGRUN (PRES)** **6/22/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PRESIDENT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVID KRAIZGRUN</b>	1.2 NAME	
STREET ADDRESS	<b>2695 HACKNEY RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33331</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SECRETARY</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVID KRAIZGRUN</b>	2.2 NAME	
STREET ADDRESS	<b>2695 HACKNEY RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33331</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V. PRESIDENT</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAULINE CAMPBELL</b>	3.2 NAME	
STREET ADDRESS	<b>19091 NW 77 CT</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33015</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	

**400001887274**  
**-07/09/96--01053--000**  Change  Addition  
**\*\*\*233.75**

**070896 OR**

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, or on an attachment with an address.

SIGNATURE: *David Kraizgrun* **DAVID KRAIZGRUN (PRES)** **6/22/96** **(305) 369-0307**

CR2E034 (3/96)