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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L00539

(1)

WERAF, INC.

**FILED** Jan 16 1998 8:00am Secretary of State



		·		
Principal Place of Business	Mailing Address		i angianii ari garla nejal Allât jirîd îkii Bilirê d	KADI MIMIL MIMIL MIMIL MIMIL 1831
135 W. CENTRAL BLVD. SUITE 1100 ORLANDO FL 32801 US ORLANDO FL 32801 US ORLANDO FL 32801 US			DO NOT WRITE IN TH	IS SPACE.
Change Mai	l Addres to:		3. Date Incorporated or Qualified 06/30/1989	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 201 N. AMM Magnolia A	UQ 26		59-2963149	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 Swt 304	27	······································	b. Certificate of Glatus Desired	Fee Required
23 Orlando, FU	City & State		6. Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the	
24 35 80 3 25 Orange 9. Name and Address of Curre		30	Personal Property Tax due June 30.	Yes No
<del></del>	aur uefastasen Whaur	81 Name	10. Name and Address of New Registere	ed Agent
HENDRICK, DAVID W	HIGT DALW OLD			
135 W. CENTRAL BLVD SOUTHTR	IUST BANK BLU.)	82 Street Add	dress (P.O. Box Number is Not Acceptable)	
SUITE 1100		3 201	N. Magnolia Ave	
ORLANDO FL 32801	Da an Alalan t.	/" St.	304	
	Kange Midnes 5:	84 City	ands F	85 Zip Code
11. Pursuant to the provisions of Sections 607.08	o02 and 607 1508. Florida Statutes	s the above-named cor	moration automits this statement for the aurona	at observations of
office or registered agent, or both, in the Star agent. I am familiar with, and accept the obti	te of Florida. Such change was au	thorized by the carpora	ation's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE		·		
Signature, typical or printed numeral registered a  12. OF FICERS A	ND DIRECTORS	Registered Agent signature requ		
TITLE DPT	DELETE	1.1 TOLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME HEDRICK, DAVID W.		1.2 NAME		CT custific CT vanidation
STREET ADDRESS 135 W. CENTRAL BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP ORLANDO FL		1.4 CHY-ST-7IP		
TIFLE VS	DELETE	21 TITLE		Change Addition
NAME HEDRICK, SHERRA M.		2.2 NAME		
STREET ADDRESS 135 W. CENTRAL BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP ORLANDO FL		2. 4 C(1Y - S1 - Z(P		
TITLE	<b>≥</b> DECETE	3.1 TITLE		Change Addition
NAME HEDRICK, STEPHEN B.		3.2 NAME		
STREET ADDRESS 4328 EDGEWATER DR., STE	. E-101	3.3 STREET ADDRESS		
CITY-ST-ZIP ORLANDO FL		3.4 CITY-ST-ZIP		
TITLE	☐ DFLFTE	4.1 TITLE		Change Addition
NAME .		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CHY+ST+ZIP		
TITLE	DELETE	51 TOTLE		Change Addition
NAME	DELETÉ			
ATOTT ABOUT D	L) Ditti	5.2 NAME		
STREET ADDRESS	□ Ծա	5.2 NAME 5.3 STREET ADDRESS		
CITY-SI-ZIP	LJ Dittit	5 3 STREET ADDRESS		
	□ DELETE			Change Addition
CITY-ST-ZIP		5 3 STREET ADDRESS 5.4 City-St-Zip		☐ Change ☐ Addilion
CITY-ST-ZIP TITLE		5 3 STREET ADDRESS 5.4 C(1Y-S1-ZIP 6.1 TITLE		☐ Change ☐ Addilion

14. Thereby 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 offect 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 on an attachment with an address.

SHECK M. HEORICA