

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. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M15825 (6)

1. Corporation Name

WOMETCO SERVICES, INC.

Principal Place of Business

3195 PONCE DELEON BLVD.  
CORAL GABLES FL 33134

Mailing Address

3195 PONCE DELEON BLVD.  
CORAL GABLES FL 33134



3. Date Incorporated or Qualified

05/23/1985

3a. Date of Last Report

04/07/1995

4. FEI Number

59-2549389

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

21. Suite, Apt. #, etc

22. City & State

23. Zip Country

2a. Mailing Address

26. Suite, Apt. #, etc

27. City & State

28. Zip Country

9. Name and Address of Current Registered Agent

SMITH, THOMAS W.  
3195 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134

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

Signature of the person in charge of registered agent and office (if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE V  
NAME BROWN, MICHAEL S.  
STREET ADDRESS 3195 PONCE DELEON BLVD.  
CITY - ST - ZIP CORAL GABLES FL ☐ DELETE

TITLE P  
NAME SMITH, THOMAS W.  
STREET ADDRESS 3195 PONCE DE LEON BLVD.  
CITY - ST - ZIP CORAL GABLES FL ☐ DELETE

TITLE S  
NAME KRAUSE, DAVID  
STREET ADDRESS 3195 PONCE DELEON BLVD.  
CITY - ST - ZIP CORAL GABLES FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

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4.1 TITLE

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5.1 TITLE

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6.2 NAME

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