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

ŧ

**FILED PROFIT** Apr 17 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State **DIVISION OF CORPORATIONS 19**98 (6)DOCUMENT # THE WERNER GROUP, INC. Principal Place of Business Mailing Address 204N NE 30TH AVE 20441 NE 30TH AVE STE 104 STE 104 AVENTURA FL 33180 AVENTRUA FL 33180 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/30/1986 2. Principal Place of Business 4. FEI Number Applied For 1620 620 SWEETBAY WAY 59-2688852 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 25 Name and Address of Current Registered 10. Name and Address of New Registered Agent 81 Name WERNER, RONALD K 20441 NE 30TH AVE Street Address (P.O. Box Number is Not Acceptable) 82 STE 104 av**entu**ra fl 33180 83 84 City 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 artifliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATUR (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PDS DELETE 1.1 TITLE Change Addition TITLE WERNER, RONALD K. 1.2 NAME 1.3 STREET ADDRESS NAME INTO Succes 2014 I, NE 307H AVE # 104-300 STREET ADDRESS aventura ku 1.4 CITY-ST-ZIP CITY-ST-ZIP 2.1 TITLE Change Addition TITLE WERNER, RITA 2.2 NAME NAME 20441 NE BOTH AVENTURA FL 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP ☐ Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change \_\_\_ Addition 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETÉ Change Addition TITLE 61 TITLE 6.2 NAME NAME STREET ADORESS 6.3 STREET ADDRESS 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 of 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 chapted, or of an attachment with an address.

4/13/98