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Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P30699

(3)

1. Corporation Name

WURTH FLORIDA, INC.

Principal Place of Business

8501 PARKLINE BLVD.
ORLANDO FL 32809
US

Mailing Address

8501 PARKLINE BLVD.
ORLANDO FL 32809-7831
US



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/27/1990

3a. Date of Last Report

05/01/1996

4. FEI Number

22-3067018

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

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 registered agent or both, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	VIANA, JOSE	12 NAME	
STREET ADDRESS	11 ORCHARD STREET	13 STREET ADDRESS	
CITY, ST, ZIP	RAMSEY NJ	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	CLAUSEN, ERNST	22 NAME	
STREET ADDRESS	11 ORCHARD ST.	23 STREET ADDRESS	
CITY, ST, ZIP	RAMSEY NJ	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	JAEGER, WALTER	32 NAME	
STREET ADDRESS	11 ORCHARD STREET	33 STREET ADDRESS	
CITY, ST, ZIP	RAMSEY NJ	34 CITY-ST-ZIP	
TITLE	VP	41 TITLE	☐ Change ☐ Addition
NAME	MERKLEIN, KONRAD	42 NAME	
STREET ADDRESS	8501 PARKLINE BLVD	43 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☒ Addition
NAME		52 NAME	CHAIRMAN
STREET ADDRESS		53 STREET ADDRESS	REINHOLD WURTH
CITY, ST, ZIP		54 CITY-ST-ZIP	11 ORCHARD STREET
TITLE		61 TITLE	SECRETARY
NAME		62 NAME	CHRISTOPH LANGE
STREET ADDRESS		63 STREET ADDRESS	11 ORCHARD STREET
CITY, ST, ZIP		64 CITY-ST-ZIP	RAMSEY NJ 07446

14. I do 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KONRAD MERKLEIN

02 24 97 407856 8386

DATE

CR2E034 (9/96)