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 # P30699

(3)

WURTH FLORIDA, INC.

Principal Place of Business Mailing Address **FILED**

May 05 1998 8:00am

Secretary of State

8901 PARKUNE BLVD. ORLANDO FL 32809 US			8501 PARKLINE BLVD. ORLANDO FL 32808 US		DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualified 08/27/1990				
. Principal Place of Business			. Mailing Address			4, FEI Number	Applied For			
7						22-3067018 Not Applica				
Sulte, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		27	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
1	Zip Country 25	29	Zip Co 30	ountry	4	This corporation owes or has paid the curre Personal Property Tax due June 30.	ent year Intangible Yes \[\] No			
g. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
	CORPORATION SERVICE COMPA	NY		81	Name					
	1201 HAYS STREET TALLAHASSEE FL 32301			82	Street Address (P.O. Box Number is Not Acceptable)					
	THE DE THE DESCRIPTION OF THE PERSON OF THE			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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

agoni. Faith faithful with, and accept the dringshous or, deciron our coos, ribitos statutes.											
SIGNATURE Signature, typed or photed naive of registared eyest and title it applicable (NOTE: Registered Ages signature required when reinstating). DATE											
12.	12. OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change	Addition					
NAME	VIANA, JOSE		1.2 NAME								
STREET ADDRESS	11 ORCHARD STREET		1.3 STREET ADDRESS								
CITY-ST-ZIP	ramsey nj		1.4 CITY-ST-ZIP								
TITLE	D	DELETE	2.1 TITLE		Change	☐ Addition					
NAME	JAEGER, WALTER		2.2 NAME								
STREET ADDRESS	11 ORCHARD STREET		2.3 STREET ADDRESS								
CITY-ST-ZIP	RAMSEY NJ		2. 4 CITY - ST - ZIP								
TITLE	VP	DELETE	3.1 TITLE		Change	Addition					
NAME	MERKLEIN, KONRAD		3.2 NAME								
STREET ADDRESS	8501 PARKLINE BLVD		3.3 STREET ADDRESS								
CITY-ST-ZIP	ORLANDO FL		3 4. CITY - ST - ZIP								
TITLE	Č	DELETE	4.1 THTLE		Change	Addition					
NAME	W URTH, REINHOLD		4 2 NAME								
STREET ADDRESS	11 ORCHARD STREET		4 3 STREET ADDRESS								
CITY-ST-ZIP	RAMSEY NJ		4.4 CITY - SY - ZIP								
TITLE	8	DELETE	51 TITLE		Change	Addition					
NAME	LANGE, CHRISTOPH		5 2 NAME								
STREET ADDRESS	11 ORCHARD ST		5 3 STREET ADDRESS								
CITY-ST-ZIP	RAMSEY NJ		5.4 CITY - ST - ZIP								
TITLE		☐ DELETE	61 TITLE		☐ Change	Addition					
NAME			6.2 NAME								
STREET ADDRESS		4	6 3 STREET ADDRESS								
CITY CT 760		Λ	CARTY OF TID								

14. I hereby certify that the information supplied with the filling 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 suppliemental airchair 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 in flustice 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.