

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Mar 12 1996 8:00 am  
Secretary of State

DOCUMENT # P93000055726 (2)

1. Corporation Name

WALDRON ENTERPRISES, INC.



Principal Place of Business

Mailing Address

2511 SW 2ND AVENUE  
FORT LAUDERDALE FL 33315

2511 SW 2ND AVENUE  
FORT LAUDERDALE FL 33315

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORRISON, STEPHEN B  
2511 S.W. 2ND AVE.  
FORT LAUDERDALE FL 33315

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 typed or printed name of registered agent (and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                     |  |
|----------------|---------------------|--|
| TITLE          | CD                  | <input type="checkbox"/> DELETE            |
| NAME           | WALDRON, GARY       |  |
| STREET ADDRESS | 2511 SW 2ND AVENUE  |  |
| CITY-STATE-ZIP | FORT LAUDERDALE FL  |  |
| TITLE          | D                   | <input type="checkbox"/> DELETE            |
| NAME           | WALDRON, DON        |  |
| STREET ADDRESS | 2511 S.W. 2ND AVE.  |  |
| CITY-STATE-ZIP | FORT LAUDERDALE FL  |  |
| TITLE          | PD                  | <input type="checkbox"/> DELETE            |
| NAME           | MORRISON, STEPHEN B |  |
| STREET ADDRESS | 2511 S.W. 2ND AVE.  |  |
| CITY-STATE-ZIP | FT. LAUDERDALE FL   |  |
| TITLE          | VP                  | <input checked="" type="checkbox"/> DELETE |
| NAME           | GREEN, DANIEL T     |  |
| STREET ADDRESS | 2511 S.W. 2ND AVE.  |  |
| CITY-STATE-ZIP | FT. LAUDERDALE FL   |  |
| TITLE          | ST                  | <input type="checkbox"/> DELETE            |
| NAME           | WOOD, G. M          |  |
| STREET ADDRESS | 2511 S.W. 2ND AVE.  |  |
| CITY-STATE-ZIP | FT. LAUDERDALE FL   |  |
| TITLE          | AST                 | <input type="checkbox"/> DELETE            |
| NAME           | KANNALY, SHIRLEY A  |  |
| STREET ADDRESS | 2511 S.W. 2ND AVE.  |  |
| CITY-STATE-ZIP | FT. LAUDERDALE FL   |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                              |  |
|--------------------|------------------------------|--|
| 1.1 TITLE          | SENIOR VICE PRESIDENT/D      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | DON L. WALDRON               |  |
| 1.3 STREET ADDRESS | 2511 S.W. 2ND. AVE           |  |
| 1.4 CITY-STATE-ZIP | FORT LAUDERDALE, FL. 33315   |  |
| 2.1 TITLE          | V.P. OF TERMINAL SERVICES    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | TROY A BROWN                 |  |
| 2.3 STREET ADDRESS | 958 SW 149th Terrace         |  |
| 2.4 CITY-STATE-ZIP | SUNRISE, FL 33326            |  |
| 3.1 TITLE          | V.P. OF ENGINEERING & CONST. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | ROBERTO FINALE               |  |
| 3.3 STREET ADDRESS | 8358 S.W. 58TH. STREET       |  |
| 3.4 CITY-STATE-ZIP | MIAMI, FL. 33143             |  |
| 4.1 TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                              |  |
| 4.3 STREET ADDRESS |                              |  |
| 4.4 CITY-STATE-ZIP |                              |  |
| 5.1 TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                              |  |
| 5.3 STREET ADDRESS |                              |  |
| 5.4 CITY-STATE-ZIP |                              |  |
| 6.1 TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                              |  |
| 6.3 STREET ADDRESS |                              |  |
| 6.4 CITY-STATE-ZIP |                              |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

02-20-96  
Date

(954) 523-2030  
Daytime Phone

CR2E034 (12/95)