

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Feb 12 1997 8:00 am  
Secretary of State

DOCUMENT # P93000055726 (2)

1. Corporation Name  
WALDRON ENTERPRISES, INC.

Principal Place of Business  
2511 SW 2ND AVENUE  
FORT LAUDERDALE FL 33315

Mailing Address  
2511 SW 2ND AVENUE  
FORT LAUDERDALE FL 33315-3113



3. Date Incorporated or Qualified 08/04/1993	3a. Date of Last Report 03/12/1996
4. FEI Number 65-0432821	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

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

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SVP / D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALDRON, DON L.	1.2 NAME	
STREET ADDRESS	2511 SW 2ND AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	FORT LAUDERDALE FL	1.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALDRON, DON	2.2 NAME	C.O.B./D
STREET ADDRESS	2511 S.W. 2ND AVE.	2.3 STREET ADDRESS	GARY L. WALDRON
CITY - ST - ZIP	FORT LAUDERDALE FL	2.4 CITY - ST - ZIP	2511 S.W. 2ND AVE FORT LAUDERDALE, FL. 33315
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, STEPHEN B	3.2 NAME	
STREET ADDRESS	2511 S.W. 2ND AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	3.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, TROY A.	4.2 NAME	
STREET ADDRESS	958 SW 149TH TERRACE	4.3 STREET ADDRESS	
CITY - ST - ZIP	SUNRISE FL	4.4 CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, G. M	5.2 NAME	
STREET ADDRESS	2511 S.W. 2ND AVE.	5.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	5.4 CITY - ST - ZIP	
TITLE	AST <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KANNALY, SHIRLEY A	6.2 NAME	V.P
STREET ADDRESS	2511 S.W. 2ND AVE.	6.3 STREET ADDRESS	ROBERTO FINALE
CITY - ST - ZIP	FT. LAUDERDALE FL	6.4 CITY - ST - ZIP	2511 S.W. 2ND Ave. FORT LAUDERDALE, FL. 33315

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: *Stephen B. Morrison*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN B. MORRISON/PRES.

02-07-97

(954) 523-2030

CR2E034 (9/96)