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FILED

Jan 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1993

4. FEI Number

65-0432821

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

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

TITLE SVPD ☐ DELETE

NAME WALDRON, DON L.  
STREET ADDRESS 2511 SW 2ND AVENUE  
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE COBD ☐ DELETE

NAME GARY L WALDRON  
STREET ADDRESS 2511 SW 2ND AVE  
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE PD ☐ DELETE

NAME MORRISON, STEPHEN B  
STREET ADDRESS 2511 S.W. 2ND AVE.  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE VP ☐ DELETE

NAME BROWN, TROY A.  
STREET ADDRESS 958 SW 149TH TERRACE  
CITY-ST-ZIP SUNRISE FL

TITLE ST ☐ DELETE

NAME WOOD, G. M  
STREET ADDRESS 2511 S.W. 2ND AVE.  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE VP ☐ DELETE

NAME ROBERTO FINALE  
STREET ADDRESS 2511 SW 2ND AVE  
CITY-ST-ZIP FORT LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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.

G. M. WOOD

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEC./TREAS

01-09-98 (954) 523-2030

Date Daytime Phone # 0265878

CR2E034 (10/97)