FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000091678 (0)**

WUNDER CORP. OF INDIAN RIVER

Principal Place of Business	Mailing Address
500 BEACH RD APT 112 INDIAN RIVER SHORES FL 32963	500 BEACH RD. APT. 112 INDIAN RIVER SHORES FL 32963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/19/1994
3a. Date of Last Report:

2. Principal Place of Business: 21 421 Arrowhead Tr.	2a. Mailing Address: 26 421 Arrowhead Trail
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23 VERO BEACH FL	City & State: 28 VERO BEACH FL
Zip: 24 32963 — County: 25 Indian River	Zip: 29 32963 — County: 30 Indian River

4. FEI Number: 59-3300317 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CALDWELL, WILLIAM W
756 BEACHLAND BLVD.
VERO BEACH FL 32963

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO 12.	
TITLE	D	1) TITLE	☒ Change ☐ Addition
NAME	WUNDERLICH, ALVIN W JR.	1) NAME	Cain, James B.
STREET ADDRESS	500 BEACH RD., APT. 112	1) STREET ADDRESS	421 Arrowhead Trail
CITY-ST-ZIP	INDIAN RIVER SHORES FL 32963	1) CITY-ST-ZIP	VERO BEACH FL 32963
TITLE		2) TITLE	☐ Change ☐ Addition
NAME		2) NAME	
STREET ADDRESS		2) STREET ADDRESS	
CITY-ST-ZIP		2) CITY-ST-ZIP	
TITLE		3) TITLE	☐ Change ☐ Addition
NAME		3) NAME	
STREET ADDRESS		3) STREET ADDRESS	
CITY-ST-ZIP		3) CITY-ST-ZIP	
TITLE		4) TITLE	☐ Change ☐ Addition
NAME		4) NAME	
STREET ADDRESS		4) STREET ADDRESS	
CITY-ST-ZIP		4) CITY-ST-ZIP	
TITLE		5) TITLE	☐ Change ☐ Addition
NAME		5) NAME	
STREET ADDRESS		5) STREET ADDRESS	
CITY-ST-ZIP		5) CITY-ST-ZIP	
TITLE		6) TITLE	☐ Change ☐ Addition
NAME		6) NAME	
STREET ADDRESS		6) STREET ADDRESS	
CITY-ST-ZIP		6) CITY-ST-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)(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: James B. Cain — 5/5/95 — (407) 234-4100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0002347 FP