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Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000092956 (9)**

1. Corporation Name
PENDA ROO HOLDING CORPORATION

Principal Place of Business	*Mailing Address*
C/O TRIVEST, INC. 2665 S. BAYSHORE DRIVE. STE 800 MIAMI FL 33133-5401	C/O TRIVEST, INC. 2665 S. BAYSHORE DRIVE. STE 800 MIAMI FL 33133-5448

3. Date Incorporated or Qualified: 12/27/1994
3a. Date of Last Report: 04/12/1996

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

4. FEI Number: 39-1806928 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KLEIN, PETER W.
2665 S. BAYSHORE DRIVE, SUITE 800
MIAMI FL 33131

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	DP	XX ☐ Change ☐ Addition
NAME	BROCKWAY, PETER C		1.2 NAME		
STREET ADDRESS	2665 S. BAYSHORE DRIVE, SUITE 800		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33133-5401		1.4 CITY-ST-ZIP		
TITLE	CEO	XX ☐ DELETE	2.1 TITLE	DT	☐ Change XX Addition
NAME	BRAUN, DANIEL E		2.2 NAME	Blume, Mark J.	
STREET ADDRESS	2665 S. BAYSHORE DRIVE, SUITE 800		2.3 STREET ADDRESS	2344 W. Wisconsin Street	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Portage, WI 53901	
TITLE	DVP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KNUTSON, BRUCE D		3.2 NAME		
STREET ADDRESS	2665 S. BAYSHORE DRIVE, SUITE 800		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	CDFO	XX DELETE	4.1 TITLE	VP	☐ Change XX Addition
NAME	WIRTH, EARLE		4.2 NAME	Mydlowski, Gerard T.	
STREET ADDRESS	2344 W WISCONSIN ST		4.3 STREET ADDRESS	2344 W. Wisconsin Street	
CITY-ST-ZIP	PORTAGE WI		4.4 CITY-ST-ZIP	Portage, WI 53901	
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KLEIN, PETER W.		5.2 NAME		
STREET ADDRESS	2665 S BAYSHORE DR STE 800		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KUFFNER, MARILYN D.		6.2 NAME		
STREET ADDRESS	2665 S BAYSHORE DR STE 800		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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. Marilyn D. Kuffner, Assistant Secretary

SIGNATURE: M Kuffner 4/19/97 305/858-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0179403