

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000054234 (6)

1. Corporation Name

WALDMER MANAGEMENT CORPORATION



Principal Place of Business

Mailing Address

4100 TAMPA BAY ROAD  
TAMPA FL

4100 TAMPA BAY ROAD  
TAMPA FL

2. Principal Place of Business

2a. Mailing Address

21 4201 W. Tampa Bay Blvd.

26 4201 W. Tampa Bay Blvd.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State  
Tampa, FL

28 City & State  
Tampa, FL

24 Zip  
33614

25 Country  
USA

29 Zip  
33614

30 Country  
USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

07/13/1995

4. FEI Number

Applied For

59-3324247

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

10. Name and Address of New Registered Agent

GRAY, RAND L  
4100 TAMPA BAY ROAD  
TAMPA FL

81 Name

Larry Jones

82 Street Address (P.O. Box Number is Not Acceptable)

4201 W. Tampa Bay Blvd.

83

84 City

Tampa

FL

85 Zip Code  
33614

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 on this filing date

Profile Registered Agent Signature required when re-appointing

DATE

5-10-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | D                   | <input type="checkbox"/> DELETE |
| NAME           | KATSOUKIS, KOSTA    |                                 |
| STREET ADDRESS | 4100 TAMPA BAY ROAD |                                 |
| CITY-STATE-ZIP | TAMPA FL            |                                 |
| TITLE          | D                   | <input type="checkbox"/> DELETE |
| NAME           | KATSOUKIS, HELEN    |                                 |
| STREET ADDRESS | 4100 TAMPA BAY ROAD |                                 |
| CITY-STATE-ZIP | TAMPA FL            |                                 |
| TITLE          |                     | <input type="checkbox"/> DELETE |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-STATE-ZIP |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> DELETE |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-STATE-ZIP |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> DELETE |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-STATE-ZIP |                     |                                 |

|                    |                         |  |
|--------------------|-------------------------|--|
| 1.1 TITLE          | President               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | Larry Jones             |  |
| 1.3 STREET ADDRESS | 4201 W. Tampa Bay Blvd. |  |
| 1.4 CITY-STATE-ZIP | Tampa, FL 33614         |  |
| 2.1 TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                         |  |
| 2.3 STREET ADDRESS |                         |  |
| 2.4 CITY-STATE-ZIP |                         |  |
| 3.1 TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                         |  |
| 3.3 STREET ADDRESS |                         |  |
| 3.4 CITY-STATE-ZIP |                         |  |
| 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 typed or printed name of signing officer or director

Larry Jones, President

5-10-96

813-875-0507

Date

Daytime Phone

CR2E034 (12/95)