

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandia R. Mortimer  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000080493 (6)

1. Corporation Name

WEBBER & HINDEN HOLDING CORP.

Principal Place of Business

P.O. BOX 8549  
PEMBROKE PINES FL 33084-8549

Mailing Address

P.O. BOX 8549  
PEMBROKE PINES FL 33084-8549

2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, 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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

3. Date Incorporated or Qualified

10/19/1995

3a. Date of Last Report

4. FLE Number

65-0622718

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

10. Name and Address of New Registered Agent

81 Name  
JON A. HINDEN  
82 Street Address (P.O. Box Number is Not Acceptable)  
4430 SW 64th AVENUE  
83  
84 City  
DAVIE  
FL 85 Zip Code  
33314

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 provisions of, Section 607.0502, Florida Statutes.

SIGNATURE

JON A. HINDEN

4/4/96

12. OFFICERS AND DIRECTORS

12.1	TITLE	PTD	<input type="checkbox"/> DELETE
12.2	NAME	WEBBER, BARRY S	
12.3	STREET ADDRESS	P.O. BOX 8549 N/A	
12.4	CITY-STATE-ZIP	PEMBROKE PINES FL 33084-8549	
12.5	TITLE	VSD	<input type="checkbox"/> DELETE
12.6	NAME	HINDEN, JON A	
12.7	STREET ADDRESS	P.O. BOX 8549 N/A	
12.8	CITY-STATE-ZIP	PEMBROKE PINES FL 33084-8549	
12.9	TITLE		<input type="checkbox"/> DELETE
12.10	NAME		
12.11	STREET ADDRESS		
12.12	CITY-STATE-ZIP		
12.13	TITLE		<input type="checkbox"/> DELETE
12.14	NAME		
12.15	STREET ADDRESS		
12.16	CITY-STATE-ZIP		
12.17	TITLE		<input type="checkbox"/> DELETE
12.18	NAME		
12.19	STREET ADDRESS		
12.20	CITY-STATE-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	NAME	
13.3	STREET ADDRESS	
13.4	CITY-STATE-ZIP	
13.5	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6	NAME	
13.7	STREET ADDRESS	
13.8	CITY-STATE-ZIP	
13.9	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10	NAME	
13.11	STREET ADDRESS	
13.12	CITY-STATE-ZIP	
13.13	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14	NAME	
13.15	STREET ADDRESS	
13.16	CITY-STATE-ZIP	
13.17	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18	NAME	
13.19	STREET ADDRESS	
13.20	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(9)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96

CR2E034 (12/95)

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT  
OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: WEBBER & HINDEN HOLDING CORP.

1b. The mailing address of the corporation is : 4430 SW 64th AVENUE  
DAVIE, FL. 33314

1c. Date of incorporation: OCT. 19, 1995 Document number: P95000080493

2. The name and address of the current registered agent and office:

Corporation Service Company

1201 Hays Street

Tallahassee, Florida 32301

The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

JON A. HINDEN

4430 SW 64th AVENUE

DAVIE, FL. 33314

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

[Signature] V.P.  
(Signature of an officer, chairman or  
vice chairman of the board)

APRIL 4th, 1996

(Date)

JON A. HINDEN V. PRESIDENT/SEC.

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

[Signature]  
(Signature of Registered Agent)

4/4/96

(Date)

If signing on behalf of an entity:

JON A HINDEN

(Typed or Printed Name)

(Capacity)