FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000033473 (5)

WERT CORPORATION

Principal Place of Business Mailing Address 5100 SW 20TH AVE 1420 SE 3RD STREET

FILED Apr 15 1998 8:00am Secretary of State



CAPE CORAL	FL 33914		CAPE CORAL FL 33990			1	DO NOT WOIT	E IN THIS SPACE	
}						-	Date Incorporated or Qualified	IN INIS SPACE	
						"	04/16/1996		
2 Principal P	lace of Busines	S	2a. Mailing Address			-	4. FEI Number		Applied For
21			26 1505 St 40th Street				65-0667754	⊢ +-	ot Applicable
Sulte, Apt. #, etc.			Suite, Apt. #, etc.					\$9.75	Additional
22			27 Grile C			5,	Certificate of Status Desired		Required
City & State	е		Sily & State			6.	Election Campaign Financing	\$5.00) May Be
23			28 Cape loral +L			"	Trust Fund Contribution	· ·	to Fees
Zip •	·	Country	Zip			8.	8. This corporation owes or has paid the current year Intangible		
24	25		29 55404	30	1.5.4		Personal Property Tax due June		□ No
		d Address of Current	Registered Agent			10.	Name and Address of New Re	iglatered Agent	
BLAIR, HEIDE 1420 SE 3RD STREET CAPE CORAL FL 33990					81 Name 82 Street A	Address (F	P.O. Box Number is Not Acceptal HOTH	SSOCISKE BOX, SLI	e C
83						116			
					84 City 1	Lille		es Zin	Code
						ne	(ore/	FL * 浅	3904-
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		Sola Ro	∞			4-07-98			
	Signature, typed or p	nited name of registered agent. OFFICERS AND	and life if applicable		d Agent signature ri		· · · · · · · · · · · · · · · · · · ·		
12.	DPT	OFFICERS AND	DIRECTORS DELET	13. E 1,1 T	TI S		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	
NAME		LLER, WALTRAUT	Occar	1.2 N	i			Onlinge	L ADDITION
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NAME]				6.2 N	ſ		-04/15/980104	tZUZB	
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CITY-ST-ZIP				6.4 C	ITY-ST-ZIP				

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.

4-177-98 911-19.9199