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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P97000072184

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 04, 1999 8:00 am Secretary of State

05-04-1999 90127 032 ***150.00

WOERNE	ER TEXAS, INC.							` 		
Principal Place	a of Business	N/a	iling Address	_			1	F 4001000 510 10111 18611 40115 6011 00111 08111	10010 11901 1109	1
•			SOUTH FLAGLER DRIV	/F						
505 SOUTH FLAGLER DRIVE 505 SOUTH FLAGLER DRIVE SUITE 606 SUITE 606				, _	•					
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 334				1401	.01			DO NOT WRITE IN THIS	SPACE	
US US								Date Incorporated or Qualifed		
			B.AW A. dalana					08/20/1997 FEI Number		-died For
 1	Place of Business	 -	Mailing Address					65-0779268	<u> </u>	oplied For ot Applicable
Suite, Apt.	# ots	26	Suite, Apt. #, etc.					03-0719200		Additional
22	#, 61G.	27	Outo, Apr. #, Cio.				5.	Certificate of Status Desired		equired
City & State	te ·		City & State				6.	Election Campaign Financing	\$5.00	May Be
23		28	•				*-	Trust Fund Contribution	-	to Fees
Zip	Country		Zip	Cour	ntry		8.	This corporation owes the current year Ir	tangible	
24	25	29		30				Personal Property Tax.	Yes	□No
	9. Name and Address of	Current Regist	ered Agent		•		10.	Name and Address of New Registered	Agent	
CT (CORPORATION SYSTEM				81	Name				
	CT CORPORATION SYSTEM	FM			82 :	Street Addres	ss (P	.O. Box Number is Not Acceptable)		
	SOUTH PINE ISLAND RD			-						
	NTATION FL 33324	, .			83					
104					84 (City		FI	85 Zip	Code
		207.0500 4.00	7 4500 FI-14- OL-1	46			-ation	submits this statement for the purpose o	f changing its	registered
office or r	registered agent, or both, in the im familiar with, and accept the	e State of Florida	a. Such change was a	uthonzed	by the	e corporation	i's bo	ard of directors. I hereby accept the appo	intment as re	egistered
- agent. ra										
SIGNATURE	, ,	•					.4	DATE		
SIGNATURE	Signature, typed or printed name of regist	stered agent and title if	applicable. (NOTE	: Registered /		signature required v			ND DIRECTO	DRS IN 12
SIGNATURE	Signature, typed or printed name of regis	•	applicable. (NOTE		Agent si	ignature required v		oinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of regis OFFICE PTD	stered agent and title if	applicable (NOTE	Registered /	Agent si	signature required v				
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of regis OFFICE PTD WOERNER, LARRY J	stered agent and title if	applicable (NOTE	13.	Agent si LE VIE	lignature required v				
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SIGNATURE 12. TITLE NAME	Signature, typed or printed name of regis OFFICE PTD WOERNER, LARRY J	stered agent and title if	applicable (NOTE	13. 1.1 TITI 1.2 NAI 1.3 STF	Agent si LE ME REET AL Y-ST-Z	DDRESS				
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICE PTD WOERNER, LARRY J 505 S FLAGLER DR STE W PALM BCH FL 33401	stered agent and title if	applicable. (NOTE	13. 1.1 TITI 1.2 NAJ 1.3 STF	Agent si LE ME REET AL Y-ST-Z	DDRESS			☐ Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of regis OFFICE PTD WOERNER, LARRY J 505 S FLAGLER DR STE W PALM BCH FL 33401 SD	stored agent and title if	applicable. (NOTE	13. 1.1 TITI 1.2 NAJ 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAJ	Agent si LE ME REET AL Y-ST-Z LE	DDRESS			☐ Change	Addition
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CITY-ST-ZIP 14. 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: