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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9800007872

1. Corporation Name

Principal Place of Business 505 SOUTH FLAGLER DRIVE

SUITE 606

WOERNER HOLDINGS, INC.

Mailing Address 505 SOUTH FLAGLER DRIVE

SUITE 606

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90127 021 ***150.00



W PALM BEACH FL 33401		W PALM BEACH FL 33401			DO NOT WRITE IN THIS SPACE		
					Date Incorporated or Qualifed		
					01/26/1998		
Principal Place of Business		2a. Mailing Address 26			4. FEI Number	Applied For	
					65-0811625	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	3.75 Additional	
22		27			5. Certificate of Status Desired	Fee Required	
City & State		City & State			6. Election Campaign Financing	5.00 May Be	
23		28			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Added to Fees	
Zip	<u> </u>		Country	Country 8. This corporation owes the current year Intangible		le	
24	25		30		Personal Property Tax.		
<u></u>	9. Name and Address of Current				10. Name and Address of New Registered Agen	t	
	<u> </u>		81	Name			
CT CORPORATION SYSTEM							
C/O	CT CORPORATION SYSTEM		82 Str		t Address (P.O. Box Number is Not Acceptable)		
	SOUTH PINE ISLAND RD.		-	83			
	NTATION FL 33324	×	63	[,		
ורט נ	41A)1014 1 E 33324		84	City	85	Zip Code	
			} ``	}		ł	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	e-named	corporation submits this statement for the purpose of chan-	ging its registered	
office or re agent. I as	egistered agent, or both, in the State o m familiar with, and accept the obligation	if Florida. Such change was auth ons of, Section 607.0505, Florida	orized by a Statutes	the corpo	oration's board of directors. I hereby accept the appointmen	n as registered	
SIGNATURE	Characters based or oriented proposed consistered const.	and title if applicable (NOTE: Pa	nistered Aner	nt signature o	equired when reinstating) DATE		
			13.	it signature i	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 12	
12.	OFFICERS AND	DELETE	1.1 TITLE		President Secretary Director 1	hange Addition	
TITLE		C) OCCETC		ļ	Larce of Donnar	mango Al riadiijon	
NAME			1.2 NAME	(Larry J. Woerner Dr. Soite 606	. Ì	
STREET ADDRESS		i	1.3 STREE	TADDRESS			
CITY-ST-ZIP			1.4 CITY-ST-ZIP		CEO Treasurer Director D	401	
TITLE	□ DEL€TE 2.1 π		2.1 TITLE	ļ	CED Treasurer Director Director	Change Addition	
NAME.			2.2 NAME		Lester J Warner .	_	
STREET ADDRESS			2.3 STREE	T ADDRESS	505 S. Flagler Dr Suite	606	
CITY-ST-ZIP			2.4 CITY-ST-ZIP		West Palm Boul & 30	3401-	
TITLE			3.1 TITLE		West Palm Brack, EC 35	hange	
NAME		<u>-</u>	3,2 NAME	ļ]	
ì				T ADDOCTOR	•		
STREET ADDRESS			3.3 STREE			İ	
C/TY-ST-Z)P			3.4. CITY-S	ST-ZIP	<u></u>	hones Disadules	
TITLE		☐ DELETE	4.1 TITLE	Ì	· D	Change	
NAME			4.2 NAME	.	•	ļ	
STREET ADDRESS			4.3 STREE	T ADDRESS		Į	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	'		
TITLE			5.1 TITLE		. 🖂	Change	
NAME	· ·	·	5.2 NAME	ļ]	
STREET ADDRESS			5.3 STREE	TADDRESS		ļ	
			5.4 CITY-S	7.7IP	•		
CITY-ST-ZIP	<u> </u>	DELETE	6.1 TITLE	·		Change Addition	
TITLE		□ netci¢	6.2 NAME	ł	L C		
NAME						ļ	
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			6.4 CITY-S	T-ZIP	<u> </u>		

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.

SIGNATURE:

(561) 835-3747