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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 09 1998 8:00am Secretary of State

1998 **DOCUMENT #** V56611 (9) WRBD, INC. Principal Place of Business Mailing Address 4431 ROCK ISLAND RD P. O. BOX 626 FT LAUDERDALE FL 33319 STUART FL 34995 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/11/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0370391 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 25 Yes □ No 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** SUNDHEIM, FREDERICK G. JR. 310 SW OCEAN BLD. 82 Street Address (P.O. Box Number is Not Acceptable) STUART FL 34994 83 City Zip Code 85 FI 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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE RIVERS, REX B NAME 1.2 NAME 8402 CRITTER CANYON RD STREET ADDRESS 1.3 STREET ADDRESS **AUSTIN TX** 78746 CITY-ST-ZIP 1.4 CiTY-ST-23P DELETE Addition TITLE 2.1 TITLE Change 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY - ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Change DELETE Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition Change TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby 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 of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter 607 or on any attachment with an oddress.

SIGNATURE:

xey zx

2-26-98

561-336-6822