

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

FILED
Apr 24 1997 8:00am
Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P94000092956 (9)

1. Corporation Name
PENDA ROO HOLDING CORPORATION



| | |
|---|---|
| Principal Place of Business C/O TRIVEST, INC. 2665 S. BAYSHORE DRIVE, STE 800 MIAMI FL 33133-5401 | Mailing Address C/O TRIVEST, INC. 2665 S. BAYSHORE DRIVE, STE 800 MIAMI FL 33133-5448 |
|---|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 12/27/1994 | 3a. Date of Last Report 04/12/1996 |
|--|--|

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

| | |
|---|---|
| 4. FEI Number 39-1808928 | Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**KLEIN, PETER W.
 2665 S. BAYSHORE DRIVE, SUITE 800
 MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
FL 85 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|--|--|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BROCKWAY, PETER C | |
| STREET ADDRESS | 2665 S. BAYSHORE DRIVE, SUITE 800 | |
| CITY - ST - ZIP | MIAMI FL 33133-5401 | |
| TITLE | CEO | <input checked="" type="checkbox"/> DELETE |
| NAME | BRAUN, DANIEL E | |
| STREET ADDRESS | 2665 S. BAYSHORE DRIVE, SUITE 800 | |
| CITY - ST - ZIP | MIAMI FL | |
| TITLE | DVP | <input type="checkbox"/> DELETE |
| NAME | KNUTSON, BRUCE D | |
| STREET ADDRESS | 2665 S. BAYSHORE DRIVE, SUITE 800 | |
| CITY - ST - ZIP | MIAMI FL | |
| TITLE | CDFO | <input checked="" type="checkbox"/> DELETE |
| NAME | WIRTH, EARLE | |
| STREET ADDRESS | 2344 W WISCONSIN ST | |
| CITY - ST - ZIP | PORTAGE WI | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | KLEIN, PETER W. | |
| STREET ADDRESS | 2665 S BAYSHORE DR STE 800 | |
| CITY - ST - ZIP | MIAMI FL | |
| TITLE | AS | <input type="checkbox"/> DELETE |
| NAME | KUFFNER, MARILYN D. | |
| STREET ADDRESS | 2665 S BAYSHORE DR STE 800 | |
| CITY - ST - ZIP | MIAMI FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|---------------------------------|--|
| 1.1 TITLE | DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY - ST - ZIP | | |
| 2.1 TITLE | DT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Blume, Mark J. | |
| 2.3 STREET ADDRESS | 2344 W. Wisconsin Street | |
| 2.4 CITY - ST - ZIP | Portage, WI 53901 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY - ST - ZIP | | |
| 4.1 TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Mydlowski, Gerard T. | |
| 4.3 STREET ADDRESS | 2344 W. Wisconsin Street | |
| 4.4 CITY - ST - ZIP | Portage, WI 53901 | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY - ST - ZIP | | |

14. I do 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.

SIGNATURE: *Marilyn D. Kuffner* **Marilyn D. Kuffner, Assistant Secretary** 305/858-2200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)