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PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 453015

FILED Jan 21, 1999 8:00am Secretary of State

01-21-1999 90016 006 ***150.00

Corporation	Name 455010) .					
DAVID W	/ALLER, INC.						
0.,,					. I		
Principal Place of Business Mailing Address					1 100 Ht 61501 aven 1994 aven 41001 av	. 41517 21517 21677 41677 2	7411 51511 1541
3550 RIDGEWOOD 3550 RIDGEWOOD AVE.							
PORT ORANGE FL 32119 PORT ORANGE FL 32119-35 US					DO NOT WRITE IN	N THIS SPACE	
					3. Date Incorporated or Qualifed		
					04/13/1974		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Api	plied For
21	<u></u>				59-1525245	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 A	dditional
22 27					5. Certificate of Status Desired	Fee Re	quired
City & State	9 •	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country 30	1	8. This corporation owes the current y		
24	25 29				Personal Property Tax.		□No
	9. Name and Address of Curre	ent Registered Agent	81	Name	10. Name and Address of New Regis	itered Agent	
MAIAI	LED DAVID		°'	Name			
WALLER, DAVID			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
3550 RIDGEWOOD AVE. DAYTONA BEACH FL 32119			-			,,	
DAT	IUNA DEACH FL 32119		83		•		
			84	City		85 Zip C	ode
					oration submits this statement for the purpon's board of directors. I hereby accept the	FL	
SIGNATURE	Signature, typed or printed name of registered ag	<u>'' ' '' '' '' '' '' '' '' '' '' '' '' '</u>		nt signature require		DATE	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 12
TITLE	PD	☐ DELETÉ	1.1 TITLE			☐ Change	☐ Addition
NAME	WALLER, DAVID		1.2 NAME				
STREET ADDRESS	SOUTH DOLL WOOD ALL.		1	TADDRESS			
CITY-ST-ZIP	PORT ORANGE FL .	□ DELETE	1.4 CITY-S	ST-ZIP		☐ Change	Addition
TITLE	VP	☐ DECE IE	2.1 TITLE			- Change	
NAME	WALLER, CHERYL		2.2 NAME	T 1000000			
STREET ADDRESS	0000 1110 02110 03 1112			T ADDRESS			
CITY-ST-ZIP	PORT ORANGE FL	☐ DELETE	2. 4 CITY-1	S1-ZIP		Change	Addition
TITLE		_ \$	3.2 NAME			*	
NAME STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			3.4. CITY-	ŧ			
TITLE	• •	☐ DELETE	4.1 TITLE	V		Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS	· 6		4.3 STREE	T ADDRESS			
CITY-ST-ZIP	·		4.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME		•	6.2 NAME				
STREET ADDRESS			6.3 STREE	TADDRESS			

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.

SIGNATURE

HIGHA (USE AND A PER SA PRINTER NAME OF SIGNAMS OF FICER OR DIRECTOR

15/19 Defund Proceed 10204

KZEU34 (11/98)