

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

FILED
Jan 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
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DOCUMENT # **P93000034275 (6)**

1. Corporation Name
FRANK WALTHER INC.



Principal Place of Business 5416 DEERBROOKE CREEK CIR APT 9 TAMPA FL 33624 US	Mailing Address 5416 DEERBROOKE CREEK CIR APT 8 TAMPA FL 33624-2801 US
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3. Date Incorporated or Qualified 05/06/1993	3a. Date of Last Report 04/12/1996
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2. Principal Place of Business 5416 DEERBROOKE CK CIR	2a. Mailing Address 5418 DEERBROOKE CK CIR
22. Suite, Apt. #, etc. 1	27. Suite, Apt. #, etc. 1
23. City & State TAMPA FL	28. City & State TAMPA FL
24. Zip 33624	29. Zip 33624
25. Country	30. Country

4. FEI Number 59-3182628	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**WALTHER, FRANK
5416 DEERBROOKE CREEK CIR #9
#9
TAMPA FL 33624**

10. Name and Address of New Registered Agent

B1 Name WALTHER, FRANK
B2 Street Address (P.O. Box Number is Not Acceptable) 5418 DEERBROOKE CREEK CIR #1
B3
B4 City TAMPA
B5 Zip Code FL 33624

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 agree to, the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Frank Walther* **FRANK WALTHER** **PRESIDENT** **1/16/97**
(NOTE: Registered Agent signature required when reinstating) **DATE**

12. OFFICERS AND DIRECTORS

TITLE P	<input type="checkbox"/> DELETE
NAME WALTHER, FRANK N	
STREET ADDRESS 5416 DEERBROOKE CREEK CIR #9	
CITY-ST-ZIP TAMPA FL	
TITLE V	<input type="checkbox"/> DELETE
NAME WATHER, FRANK J	
STREET ADDRESS 16005 CHASTAIN RD.	
CITY-ST-ZIP ODESSA FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME WALTHER FRANK N	
1.3 STREET ADDRESS 5418 DEERBROOKE CREEK CIR #1	
1.4 CITY-ST-ZIP TAMPA FL	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 in an attachment with an address.

SIGNATURE: *Frank Walther* **FRANK WALTHER** **1/16/97** **(813) 264-0757**
(NOTE: Registered Agent signature required when reinstating) **DATE** **Daytime Phone #**

CR2E034 (9/96)