

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 18, 2000 8:00 am
Secretary of State

03-24-2000 90029 001 ****75.00
03-24-2000 90029 002 ****75.00

DOCUMENT # P99000097262

1. Entity Name
WALTERS & WILLIAMS GROUP, INC.

Principal Place of Business Mailing Address
2811 SW THIRD AVENUE 2811 SW THIRD AVENUE
MIAMI FL 33129 MIAMI FL 33129-2316

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Zip Country Country

4. FEI Number Applied For
65-0983597 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LISTA, WALTER A
12961 DEVA STREET
CORAL GABLES FL 33156

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. PRESIDENT OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	WALTER A. LISTA	6813 SW 81 ST	MIAMI FL 33143	<input type="checkbox"/>						
	SECRETARY/TREASURER	William N. EDWARDS	2811 SW 3rd AVE.	<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						

3. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER A. LISTA SECRETARY Date: 3/17/00 Daytime Phone #: 305 665-7765

CR2E034 (9/99)