

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 205426 (0)

1. Corporation Name

WALL STREET HOLDING CORPORATION



Principal Place of Business

150 EAST CENTRAL AVE.
ORLANDO FL 32801

Mailing Address

150 EAST CENTRAL AVE.
ORLANDO FL 32801

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EBERTS, MILES M.
150 E. CENTRAL BLVD.
ORLANDO FL 32801

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 a registered agent under 607.0505, Florida Statutes.

SIGNATURE

Signature of the registered agent or registered agent and his/her agent.

(NOTE: Registered Agent's signature required when re-registering)

DATE

1-26-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T ZEPH, STONEHN K ☒ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP
20 N ORANGE AVE STE 200
ORLANDO FL

V MANNING, EDWARD J ☒ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP
COMPANERO AVE
WINTER PARK FL

V MCCREE, RICHARD ☒ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP
9613 AMBLESSIDE DR.
WINDERMERE FL

P HOLLOWAY, RUFUS D ☒ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP
99 W COLUMBIA ST
ORLANDO FL

GM EBERTS, MILES M. ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP
150 E. CENTRAL BLVD
ORLANDO FL

☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

P HALYARD, PAUL ☐ Change ☒ Addition

12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP
1877 EDGEWATER DRIVE
ORLANDO, FL. 32804

V KEATING, JOHN K ☐ Change ☒ Addition

21 NAME
22 STREET ADDRESS
23 CITY-STATE-ZIP
749 N. GARLAND AVE STE 101
ORLANDO, FL 32801

S ADAMS, RICHARD ☐ Change ☒ Addition

31 NAME
32 STREET ADDRESS
33 CITY-STATE-ZIP
940 HIGHLAND AVE.
ORLANDO, FL. 32803

T SPRAGGINS, SR. MIKE ☐ Change ☒ Addition

41 NAME
42 STREET ADDRESS
43 CITY-STATE-ZIP
1815 SILVER STAR ROAD
ORLANDO, FL. 32808

☐ Change ☐ Addition

51 NAME
52 STREET ADDRESS
53 CITY-STATE-ZIP

☐ Change ☐ Addition

61 NAME
62 STREET ADDRESS
63 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-96

Date

(407) 425-2514

Daytime Phone #

CR2E034 (12/95)