

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

FILED
Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	27 City & State	28 City & State
23 Zip	25 Country	29 Zip	30 Country

3. Date Incorporated or Qualified 08/28/1957	
4. FEI Number 59-0491072	Applied For <input type="checkbox"/> Not Applicable
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent EBERTS, MILES M. 150 E. CENTRAL BLVD. ORLANDO FL 32801	
--	--

10. Name and Address of New Registered Agent	
81 Name B. ANDY TRAWICK, JR.	
82 Street Address (P.O. Box Number is Not Acceptable) 150 E. CENTRAL BLVD.	
83	
84 City ORLANDO	85 Zip Code FL 32801

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 has been 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 607.0503, Florida Statutes.

SIGNATURE *B. Andy Trawick, Jr.* DATE **1/26/98**

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HALYARD, PAUL
STREET ADDRESS	187 EDGEWATER DRIVE
CITY-ST-ZIP	ORLANDO FL
TITLE	P <input type="checkbox"/> DELETE
NAME	KEATING, JOHN K.
STREET ADDRESS	749 NORTH GARLAND AVENUE, SUITE 101
CITY-ST-ZIP	ORLANDO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ADAMS, RICHARD
STREET ADDRESS	840 HIGHLAND AVENUE
CITY-ST-ZIP	ORLANDO FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	SPRAGGINS, MIKE SR.
STREET ADDRESS	1815 SILVER STAR ROAD
CITY-ST-ZIP	ORLANDO FL
TITLE	GM <input checked="" type="checkbox"/> DELETE
NAME	EBERTS, MILES M.
STREET ADDRESS	150 E. CENTRAL BLVD
CITY-ST-ZIP	ORLANDO FL
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	RICHARD ADAMS
1.3 STREET ADDRESS	940 HIGHLAND AVE
1.4 CITY-ST-ZIP	ORLANDO FL 32803
2.1 TITLE	PP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOHN K. KEATING
2.3 STREET ADDRESS	749 NORTH GARLAND AVE, SUITE 101
2.4 CITY-ST-ZIP	ORLANDO FL 32801
3.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DAVE WILSON
3.3 STREET ADDRESS	837 NORTH GARLAND AVE.
3.4 CITY-ST-ZIP	ORLANDO FL 32801
4.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PAUL "BUZ" AUSLEY
4.3 STREET ADDRESS	500 EAST PRINCETON ST.
4.4 CITY-ST-ZIP	ORLANDO FL 32803
5.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GAVIN WATSON
5.3 STREET ADDRESS	8617 BAY RIDGE BLVD.
5.4 CITY-ST-ZIP	ORLANDO FL 32819
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	STEVE ZEPF
6.3 STREET ADDRESS	20 NORTH ORANGE AVE., SUITE 200
6.4 CITY-ST-ZIP	ORLANDO FL 32801

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.

SIGNATURE *Richard Adams* **Richard Adams 1-26-98 (407)425-2514**

CR2E034 (10/97)