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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 284739

(0)

DEBORAH WALKER, INC.

| Principal Place | of Busnoss | Mailing Address | | I INDALIF ILUDI HORIH HIGHI KOBON ININA II | YAL MANULE IRANIA MENGEN BENEVE MENGE MENGE MENGE |
|---|--|--|---------------------------------|---|---|
| 1110 35TH ST. P.O.BOX 5447 TAMPA FL 33675 | | C/O WEINSTEIN P. O. BOX 940385 MATLAND FL 32794-0385 | | | |
| Time at 12 above | | us | | Date Incorporated or Qualified 09/04/1964 | 3a. Date of Last Report 08/06/1996 |
| 2. Principal Fl | ace of Business | 2s. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | 59-1084795 | Not Applicable |
| Suite, Apt | #, otc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | The second secon | 28 | | Trust Fund Contribution | Added to Fees |
| Zφ | Country | 7 ₁ p | Country | This corporation has liability for Florida Statutes | or intangible tax under s. 199.032, XV Yes XV No |
| 24 | 25 9. Name and Address of Current | [29] [30] Registered Agent | <u> </u> | 10. Name and Address of New F | |
| VATEIA | istein, alan s. | | 81 Name | | |
| | S. MAITLAND AVE. | | B2 Street | Address (P.O. Box Number is Not Accept | able) |
| | E 209 | | 50 | Address (P.O. Box Number is Not Accept | FUE, SUITE 308 |
| | LAND FL 32751 | | 83 | · | • |
| | | | 84 City | MAITIAND | FL 85 Zip Code 32/15/ |
| 11. Pursuant | to the provisions of Sections 697.0502 | and 607, 1508, Florida Statutes, | the above-named | corporation submits this statement for the poration's board of directors. I hereby acc | purpose of changing its registered |
| agent la | m familiar with, and accept the obligat | ions of Section 607.0505, Floric | la Statutes. | · · · · · · · · · · · · · · · · · · · | |
| SIGNATURE | Stignature typed or pertiad name of majistered agon | t and title if applicable (NOTE: F | legislered Agent signature | regulaed when reinstating) | DATÉ |
| 12. | OFFICERS AND | | 13. | | FICERS AND DIRECTORS IN 12 |
| 111cE | PS | ☐ DELETE | 1 1 TITLE | D | Change 🔀 Addition |
| NAME | WALKER,SOL | | 1.2 NAME | | |
| STREET ADDRESS | 1110 35TH ST | | 1.3 STREET ADORESS | | |
| CITY - S1 - ZIP | TAMPA FL | DELETE | 1.4 CITY-ST-ZIP 2.1 TITLE | VPT- | ☐ Change 🔀 Addition |
| 7111.5 | AS LANCINGTERN ALANI O | outen | 2.1 HILE 2.2 NAME | VP,T | Statings Parkets |
| NAME STREET ADDRESS | WEINSTEIN, ALAN S P.O. BOX 940385 N/A | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MAITLAND FL 32794-0385 | | 2. 4 CITY-ST-ZIP | | |
| TITLE | 112410410110000 | DELETE | 3.1 TITLE | | Change Addition |
| NAME | | | 3.2 NAME | | 1 |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | - DELETE | 3.4. CITY-ST-7IP | | Change Addition |
| TIILE | | ☐ DELETE | 4.1 TITLE | | Change C Addition |
| NAME | | | 4. 2 NAME 4.3 STREET ADDRESS | | |
| STREET ADDRESS | | | 4.4 CITY - ST - ZIP | | ļ |
| City-ST-ZiP Title | | ☐ DELETE | 5.1 TITLE | | Change Addition |
| NAMI | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5 3 STREET ADDRESS | | : |
| CITY - ST - ZIP | | | 54 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | 1 | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |

14. I do nereby 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.

FILED

Feb 27 1997 8:00am

Secretary of State