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

Mar 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** (8)WALLDESS ENTERPRISES, INC. Principal Place of Business Mailing Address BISHOPS INN 1410 EEL STREET 902 PINETREE DRIVE MERRITT ISLAND FL 32952 DO NOT WRITE IN THIS SPACE INDIAN HARBOUR BEACH FL 32937 3. Date Incorporated or Qualified 03/25/1976 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-1661259 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Ζıp Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. ☐ Yes ☐ No 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 Name DESSART, EUGENE L. JR. 1410 EEL STREET 82 Street Address (P.O. Box Number is Not Acceptable) **MERRITT ISLAND FL 32952** 83 84 City Zip Code 85 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, Section 607.0506, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TOTLE DESSART, EUGENE L. JR. NAME 1.2 NAME CR2E034 1410 EEL ST. STREET ADDRESS 1.3 STREET ADDRESS MERRITT ISLAND FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE DESSART, JOYCE A. NAME 2.2 NAME 1410 EEL STREET 2.3 STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Спапре Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 41 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 T(T) F TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 amaddress.

CITY-ST-ZIP

SIGNATURE:

Guaen

**FILED** 

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