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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 602246 1. Corporation Name

W.J.M., III, INC.

Principal Place of Business

Mailing Address

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90103 030 ***150.00



215 LOUISIANA AVENUE VINTER PARK FL 32789	1215 LOUISIANA AVENUE WINTER PARK FL 32789		DO NOT WRITE IN THE	S SPACE		
			3. Date Incorporated or Qualifed 07/09/1970			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
1 ·	26		59-1308515	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	- Waler Tr	5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	, \$5.00 May Be Added to Fees		
Zip Country 4 25	Zip Cou 29 30	untry	This corporation owes the current year In Personal Property Tax.	ntangible ☑Yes □No		
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent				
WALTER J. MULLER,III,M.D.		81 Name				
1215 LOUISIANA AVE		82 Street Address (P.O. Box Number is Not Acceptable)				
WINTER PARK FL 32789		83				
		1-1-00		05 Zin Codo		

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 607.0505, Florida Statutes.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	pointered Appet signature	required when reinstating) DATE		—— ì			
	OFFICERS AND DIRECTORS	pistered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
12.	PD DELETE	1.1 TITLE	Applitono/onalidad to off toelide.	□ Change	Addition			
TITLE	_	•		Ų,	_			
NAME	MULLER, WALTER J. III	1.2 NAME						
STREET ADDRESS	1215 LOUISIANA AVE	1.3 STREET ADDRESS			ļ			
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP						
TITLE	D DELETE	2.1 TITLE		Change	Addition			
NAME	MULLER, DELLE D.	2.2 NAME						
STREET ADDRESS	2131 VIA TUSCANY	2.3 STREET ADORESS	1451 Temple Drive					
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	1451 Temple Drive Winter Park FL 32789					
TITLE	DELETE	3.1 TITLE		Change	☐ Addition			
NAME		3.2 NAME	-	•	ب- د -			
STREET ADDRESS		3.3 STREET ADDRESS						
CITY-ST-ZIP		3.4. CITY-ST-ZIP						
TITLE	DELETE	4.1 TITLE		Change	☐ Addition			
NAME		4, 2 NAME						
STREET ADDRESS	,*	4.3 STREET ADDRESS						
CITY-ST-ZIP	1.5 (2)	4.4 CITY-ST-ZIP						
TITLE	DELETE	5.1 TITLE		☐ Change	Addition			
NAME		5.2 NAME						
STREET ADDRESS	\mathcal{L}	5.3 STREET ADDRESS			ĺ			
CITY-ST-ZIP		5.4 CITY-ST-ZIP						
TITLE	☐ DELETE	6.1 TITLE		Change	Addition			
NAME		6.2 NAME			ļ			
STREET ADDRESS		6.3 STREET ADDRESS			j			
CITY-ST-ZIP	•	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 supplies with this liming does not quality for the exemple 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 chapted, or on an attachment with an address, with all other like empowered.

REQLUTATION J Muller III 4-2299 (407)644 2121 SIGNATURE: