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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUN 1, Corporation	MENT # 66097	'8 (8)			
WALL	Y'S INTERNATIONAL, INCC	RPORATED			
Principal Place	of Business	Mailing Address			
924 E. NEW HAVEN AVE.		924 E. NEW HAVEN AVE.			
P,O.BOX 1090		P.O.BOX 1090			
MELBOUR	NE FL 32901	MELBOURNE FL 3	2901	3. Date Incorporated or Qualified	
·····			·	03/28/1980	04/24/1995
2. Principal Place of Business		2a. Mairing Address		4. FEI Number 59-2112739	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28	Country	Trust Fund Contribution	Added to rees
24]	25	29)	30)	8. This corporation has liability for florida Statutes	
•	g. Name and Address of Current	_1		10. Name and Address of New	7-7
			81 Name		
	ES, GORDON		82 Street Add	reet Address (P.O. Box Number is Not Acceptable)	
	NEW HAVEN AVE.	83			
WELBL	Durne FL 32901		63		
			84 City		FL 85 Zip Code
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida Statu	ites, the above named corpo	ration submits this statement for the pu	rugse of changing its registered office
or registere familiar witi	ed agent, or both, in the State of Florida h, and accept the obligations of Section	a. Such change was authori on 607.0505, Florida Statute	ized by the corporation's boa is:	ird of directors. Thereby accept the app	
SIGNATURE _	Gordon Sai	nes. P	Resident	3-	20-96
12.	Squistrie, typed or printed name of registered agent a OFFICERS AND		OTF: Begistered Agent signature require	at what renstating	FICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1 1 11TLF	ADDITIONS/OFFAIGES TO OF	Change Addition
NAME	BARNES, GORDON		1.2 NAME		
STREET ADDRESS	924 E NEW HAVEN AVE		1.3 STHEET ADDRESS		
CITY-ST-7IP	MELBOURNE, FL 00000		1.4 CITY+ST+7IP		
TITLE		☐ DEFELE	2 1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREEF ADDRESS		
C!TY+ST+ZIP TITLE		□ DELETE	2.4 C/TY+ST+Z/// 3.1 TI*LE		Change Addition
NAME		<u></u>	32 NAME		
STREET ADDRESS			3.3. STREET ADDRESS		
CITY+ST-ZIP			3.4 CITY - ST - ZIP		
TOLE		☐ DELETE	4 1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-SI-ZIP			4.4 CITY - \$1 - 7(P)		
TITLE NAME		☐ DELFTE	5 1 TITEF		Change Addition
STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 O/TY-ST-7/P		
TITLE		☐ DELETE	6.1 HILE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CHTY-ST-ZHP			6 4 CrTY+S1+ZrP		
14. Ldo hereby	certify that the information supplied w	ith this filing is voluntarily fur	mished and does not qualify.	for the exemption stated in Section 119	3.07(3)(k), Florida Statutes. I further

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 citanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

The exemption stated in Section 119.07(3)(k). Florida Statutes if further certified by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if citanged, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

The exemption stated in Section 119.07(3)(k). Florida Statutes in the same legal effect as if made under oath; that my name appears in Block 12 or Block 13 if citanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR