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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT # 668662**

(0)

FILED Apr 17 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 1423 N ST RD 7 HOLLYWOOD FL 33021 WAL CAP INSURANCE AGENCY, INC. Mailing Address 1429 N ST RD 7 HOLLYWOOD FL 33021-4502								
					 Date Incorporated or Qualified 05/01/1980 		e of Last R 0/1996	leport
2. Principal f	Place of Business	28. Mailing Address			4, FEI Number	······································	Ar	oplied For
21		26			59-1988023			ot Applicable
Suite, Apt	#, &tc	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired
City & Sta	lo	City & State			Election Campalgn Financing Trust Fund Contribution			May Be to Fees
23 Zip	Country	Zip	Count		8. This corporation has liability for			
24	25	29	30	•		Yes		. 199,032,
	9. Name and Address of Curren				10. Name and Address of New R	egistered A	gent	
DOI	nna jean McFadden		8	Name			34	
	50 N. MIAMI AVENUE		8	Street Add	dress (P.O. Box Number is Not Accepta	ıble)		
MIA	MI FL 33169					·-·		
			8	3				
			8	City			85 Zip	Code
				1		FL.	1 1 '	
agent. Fa SIGNATURE	Sign are specifically proted name of registered age				poration submits this statement for the tion's board of directors. I hereby acce ared when reinstating)	DATE		
SIGNATURE	Significating sympton pointed name of registered age OFFICERS AN	ent and title if applicable D DIRECTORS	(NOTE: Registered A	gent signature requ		DATE CERS AND I	DIRECTOF	RS IN 12
SIGNATURE	Standard ryand or pointed name of registered age	ent and title il applicable	(NOTE: Registered A	gent signature requ	ured when reinstating)	DATE CERS AND I		RS IN 12
SIGNATURE 12. THUE	PD OFFICERS AN MCFADDEN, DONNA JEAN 20550 N. MIAMI AVENUE	ent and title if applicable D DIRECTORS	(NOTE Registered A 13. 1.1 TITLE 1.2 NAME	gent signature requ	ured when reinstating)	DATE CERS AND I	DIRECTOF	RS IN 12
SIGNATURE. 12. THEE NAME	OFFICERS AN OFFICERS AN PD MCFADDEN, DONNA JEAN 20550 N. MIAMI AVENUE MIAMI FL	ent and title if applicable D DIRECTORS	(NOTE Registered A 13. 1.1 TITLE 1.2 NAME	gent signature requi	ured when reinstating)	DATE CERS AND I	DIRECTOF	RS IN 12
SIGNATURE 12. THE NAME SIREFLATORESS	OFFICERS AN OFFICERS AN PD MCFADDEN, DONNA JEAN 20550 N. MIAMI AVENUE MIAMI FL	ent and title if applicable D DIRECTORS	(NOTE: Registered A 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 City	gent signature requient signatur	ured when reinstating)	DATE CERS AND I	DIRECTOF	RS IN 12
SIGNATURE. 12. THLE NAME SIREET ATORESS CITY: SI-Ze	OFFICERS AN OFFICERS AN PD MCFADDEN, DONNA JEAN 20550 N. MIAMI AVENUE MIAMI FL VP MCFADDEN, ROBERT H.	ord and title if applicable D DIRECTORS DELETE	(NOTE: Registered A 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 City	gent signature requier ADDRESS ST-ZIP	ured when reinstating)	DATE CERS AND I	DIRECTOF Change	RS IN 12
SIGNATURE. 12. THLE NAME STREET ATORESS 60 Ye SL-78*	OFFICERS AN OFFICERS AN PD MCFADDEN, DONNA JEAN 20550 N. MIAMI AVENUE MIAMI FL VP MCFADDEN, ROBERT H. 20550 NORTH MIAMI AVENUE	ord and title if applicable D DIRECTORS DELETE	(NOTE Registered A 13. 1.1 Tifte 1.2 NAM 1.3 STRE 1.4 City 2.1 Title 2.2 NAM	gent signature requier ADDRESS ST-ZIP	ured when reinstating)	DATE CERS AND I	DIRECTOF Change	RS IN 12
SIGNATURE 12. TITLE NAME SIREELATORESS DITY SE-749 TITLE NAME STREELATORESS CITY-SE-ZIP	OFFICERS AN PD MCFADDEN, DONNA JEAN 20550 N. MIAMI AVENUE MIAMI FL VP MCFADDEN, ROBERT H. 20550 NORTH MIAMI AVENUE MIAMI FL	ent and title if applicable D DIRECTORS DELETE	(NOTE Registered A 13. 1.1 TITLE 1.2 NAM! 1.3 STRE 1.4 City. 2.1 TITLE 2.2 NAM! 2.3 STRE 2.4 CITY. 2.4 CITY. 2.4 CITY. 2.4 CITY. 2.5 STRE 2.4 CITY. 3.5 CITY	ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP	ured when reinstating)	DATE CERS AND I	DIRECTOR Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME SIBEET AFCHESS CITY ST. 76* THEE NAME STREET ADDRESS C-TY ST. ZIP TITLE	OFFICERS AN PD MCFADDEN, DONNA JEAN 20550 N. MIAMI AVENUE MIAMI FL VP MCFADDEN, ROBERT H. 20550 NORTH MIAMI AVENUE MIAMI FL	ord and title if applicable D DIRECTORS DELETE	(NOTE Registered A 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 City. 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE	et Address et Address et Address et Address et Address	ured when reinstating)	DATE CERS AND I	DIRECTOF Change	RS IN 12
SIGNATURE 12. THLE NAME SIREFLATORESS CITY ST-76* THLE NAME STREFLATORESS C-TY-ST-74P THLE NAME	OFFICERS AN PD MCFADDEN, DONNA JEAN 20550 N. MIAMI AVENUE MIAMI FL VP MCFADDEN, ROBERT H. 20550 NORTH MIAMI AVENUE MIAMI FL TD PAPALE, VIRGINIA A.	ent and title if applicable D DIRECTORS DELETE	(NOTE Registered A 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 City 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM	ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP	ured when reinstating)	DATE CERS AND I	DIRECTOR Change	RS IN 12 Addition Addition
SIGNATURE 12. THLE NAME SIREFLATORESS CITY SI 76° THLE NAME SIREFLATORESS C-TY-SI - ZP TITLE NAME SIREFLATORESS SIREFLATORESS	OFFICERS AN PD MCFADDEN, DONNA JEAN 20550 N. MIAMI AVENUE MIAMI FL VP MCFADDEN, ROBERT H. 20550 NORTH MIAMI AVENUE MIAMI FL TD PAPALE, VIRGINIA A. 14000 N.W. 5 CT	ent and title if applicable D DIRECTORS DELETE	(NOTE Registered A 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 City 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 City 3.1 TITLE 3.2 NAM 3.3 STRE	et address -ST-Zip -ST-Zip	ured when reinstating)	DATE CERS AND I	DIRECTOR Change	RS IN 12 Addition Addition
SIGNATURE 12. THLE NAME SHEET ADDRESS CHY ST-766 THLE NAME SHEET ADDRESS C-1Y - ST-716 THLE NAME SHEET ADDRESS C-1Y - ST-726 OTT-ST-726	PD OFFICERS AN OFFICERS AN OFFICERS AN OFFICERS AN OFFICERS AN 20550 N. MIAMI AVENUE MIAMI FL VP MCFADDEN, ROBERT H. 20550 NORTH MIAMI AVENUE MIAMI FL TD PAPALE, VIRGINIA A. 14000 N.W. 5 CT NORTH MIAMI FL	O DIRECTORS DELETE	(NOTE Registered A 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 City 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY	ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	ured when reinstating)	DATE CERS AND I	DIRECTOR Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. THLE NAME SHEET ADDRESS CHY-ST-ZP THLE NAME SHEET ADDRESS C-TY-ST-ZP THLE NAME STREET ADDRESS C-TY-ST-ZP THLE NAME STREET ADDRESS C-TY-ST-ZP HULF	OFFICERS AN PD MCFADDEN, DONNA JEAN 20550 N. MIAMI AVENUE MIAMI FL VP MCFADDEN, ROBERT H. 20550 NORTH MIAMI AVENUE MIAMI FL TD PAPALE, VIRGINIA A. 14000 N.W. 5 CT NORTH MIAMI FL	ent and title if applicable D DIRECTORS DELETE	(NOTE Registered A 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 City 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 City 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CIty 4.1 TITLE	ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	ured when reinstating)	DATE CERS AND I	DIRECTOR Change	RS IN 12 Addition Addition
SIGNATURE 12. THLE NAME SIREFI ADDRESS CHY-ST-ZP THLE NAME STREEF ADDRESS CHY-ST-ZP THLE NAME STREEF ADDRESS OTY-ST-ZP THLE NAME	PD OFFICERS AN OFFICERS AN OFFICERS AN OFFICERS AN OFFICERS AN 20550 N. MIAMI AVENUE MIAMI FL VP MCFADDEN, ROBERT H. 20550 NORTH MIAMI AVENUE MIAMI FL TD PAPALE, VIRGINIA A. 14000 N.W. 5 CT NORTH MIAMI FL	O DIRECTORS DELETE	(NOTE Registered A 13. 1.3 TITLE 1.2 NAM 1.3 STRE 1.4 City 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 City 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITy 4.1 TITLE 4.2 NAM	ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS	ured when reinstating)	DATE CERS AND I	DIRECTOR Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME SIREELATORESS CITY-ST-ZAP TITLE NAME STREELATORESS CITY-ST-ZAP TITLE NAME STREELATORESS CITY-ST-ZAP TITLE NAME STREELATORESS CITY-ST-ZAP TITLE NAME STREELATORESS	OFFICERS AN PD MCFADDEN, DONNA JEAN 20550 N. MIAMI AVENUE MIAMI FL VP MCFADDEN, ROBERT H. 20550 NORTH MIAMI AVENUE MIAMI FL TD PAPALE, VIRGINIA A. 14000 N.W. 5 CT NORTH MIAMI FL SD CASTRONOVO, PHYLLIS	O DIRECTORS DELETE	(NOTE Registered A. 1.3 TITLE 1.2 NAM 1.3 STRE 1.4 City 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITy 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE	ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS	ured when reinstating)	DATE CERS AND I	DIRECTOR Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME SIREET ADDRESS CITY: ST: 70° TITLE NAME STREET ADDRESS CITY: ST: 72° TITLE NAME STREET ADDRESS CITY: ST: 72° TITLE NAME STREET ADDRESS CITY: ST: 72° TITLE NAME NAME	OFFICERS AN PD MCFADDEN, DONNA JEAN 20550 N. MIAMI AVENUE MIAMI FL VP MCFADDEN, ROBERT H. 20550 NORTH MIAMI AVENUE MIAMI FL TD PAPALE, VIRGINIA A. 14000 N.W. 5 CT NORTH MIAMI FL SD CASTRONOVO, PHYLLIS 2639 SW 50TH ST	O DIRECTORS DELETE	(NOTE Registered A 13. 1.3 TITLE 1.2 NAM 1.3 STRE 1.4 City 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 City 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITy 4.1 TITLE 4.2 NAM	ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS ST-ZIP	ured when reinstating)	DAYE CERS AND I	DIRECTOR Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME SIREELADORESS CITY-ST-ZP	OFFICERS AN PD MCFADDEN, DONNA JEAN 20550 N. MIAMI AVENUE MIAMI FL VP MCFADDEN, ROBERT H. 20550 NORTH MIAMI AVENUE MIAMI FL TD PAPALE, VIRGINIA A. 14000 N.W. 5 CT NORTH MIAMI FL SD CASTRONOVO, PHYLLIS 2639 SW 50TH ST	D DIRECTORS DELETE DELETE DELETE	(NOTE Registered A. 1.3 TITLE 1.2 NAM 1.3 STRE 1.4 City 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY	ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP	ured when reinstating)	DAYE CERS AND I	DIRECTOF Change Change Change	Addition Addition Addition
SIGNATURE 12. THLE NAME SIREELAFORESS CITY: ST: Ze THLE NAME STREELAFORESS CITY: ST: ZE TILLE NAME STREELAFORESS CITY: ST: ZEP THLE NAME STREELAFORESS CITY: ST: ZEP THLE NAME STREELAFORESS CITY: ST: ZEP THLE	OFFICERS AN PD MCFADDEN, DONNA JEAN 20550 N. MIAMI AVENUE MIAMI FL VP MCFADDEN, ROBERT H. 20550 NORTH MIAMI AVENUE MIAMI FL TD PAPALE, VIRGINIA A. 14000 N.W. 5 CT NORTH MIAMI FL SD CASTRONOVO, PHYLLIS 2639 SW 50TH ST	D DIRECTORS DELETE DELETE DELETE	(NOTE Registered A 1.3 TITLE 1.2 NAM 1.3 STRE 1.4 City 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 YITLE 5.2 NAM	ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP	ured when reinstating)	DAYE CERS AND I	DIRECTOF Change Change Change	Addition Addition Addition
SIGNATURE 12. TITLE NAME SIREFLATCHESS CITY-SI-76* TITLE NAME STREELADORESS CITY-SI-24* TITLE NAME STREELADORESS CITY-SI-24* TITLE NAME STREELADORESS CITY-SI-24* TITLE NAME STREELADORESS CITY-SI-24* TITLE NAME NAME	OFFICERS AN PD MCFADDEN, DONNA JEAN 20550 N. MIAMI AVENUE MIAMI FL VP MCFADDEN, ROBERT H. 20550 NORTH MIAMI AVENUE MIAMI FL TD PAPALE, VIRGINIA A. 14000 N.W. 5 CT NORTH MIAMI FL SD CASTRONOVO, PHYLLIS 2639 SW 50TH ST	D DIRECTORS DELETE DELETE DELETE	(NOTE Registered A. 1.3 TITLE 1.2 NAM 1.3 STRE 1.4 City 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 4.2 NAM 4.3 STRE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY	ET ADDRESS -ST-ZIP	ured when reinstating)	DAYE CERS AND I	DIRECTOF Change Change Change	Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ATCHESS CITY STI ZIP TITLE NAME STREET ADCRESS	OFFICERS AN PD MCFADDEN, DONNA JEAN 20550 N. MIAMI AVENUE MIAMI FL VP MCFADDEN, ROBERT H. 20550 NORTH MIAMI AVENUE MIAMI FL TD PAPALE, VIRGINIA A. 14000 N.W. 5 CT NORTH MIAMI FL SD CASTRONOVO, PHYLLIS 2639 SW 50TH ST	D DIRECTORS DELETE DELETE DELETE	(NOTE Registered A 1.3 TITLE 1.2 NAM 1.3 STRE 1.4 City 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 4.2 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITLE	ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	ured when reinstating)	DAYE CERS AND I	DIRECTOF Change Change Change	Addition Addition Addition
SIGNATURE 12. THE NAME SIRET ADDRESS DITY: SI- 70° THEE NAME STREET ADDRESS C-TY - SI- ZIP THE NAME STREET ADDRESS C-TY - SI- ZIP THE NAME STREET ADDRESS C-TY - SI- ZIP	OFFICERS AN PD MCFADDEN, DONNA JEAN 20550 N. MIAMI AVENUE MIAMI FL VP MCFADDEN, ROBERT H. 20550 NORTH MIAMI AVENUE MIAMI FL TD PAPALE, VIRGINIA A. 14000 N.W. 5 CT NORTH MIAMI FL SD CASTRONOVO, PHYLLIS 2639 SW 50TH ST	D DIRECTORS DELETE DELETE DELETE	(NOTE Registered A. 1.3 TITLE 1.2 NAM 1.3 STRE 1.4 City 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 4.2 NAM 4.3 STRE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY	ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	ured when reinstating)	DAYE CERS AND I	DIRECTOF Change Change Change	Addition Addition Addition
SIGNATURE 12. THE NAME SIREFI ADDRESS CITY-SI-ZP THEE NAME STREEF ADDRESS C-TY-SI-ZP THEE NAME STREEF ADDRESS C-TY-SI-ZP THEE NAME STREEF ADDRESS C-TY-SI-ZP THE NAME STREEF ADDRESS C-TY-SI-ZP THE NAME STREEF ADDRESS C-TY-SI-ZP THE NAME STREEF ADDRESS C-TY-SI-ZP THEE NAME	OFFICERS AN PD MCFADDEN, DONNA JEAN 20550 N. MIAMI AVENUE MIAMI FL VP MCFADDEN, ROBERT H. 20550 NORTH MIAMI AVENUE MIAMI FL TD PAPALE, VIRGINIA A. 14000 N.W. 5 CT NORTH MIAMI FL SD CASTRONOVO, PHYLLIS 2639 SW 50TH ST	D DIRECTORS DELETE DELETE DELETE	(NOTE Registered A. 1.3 TITLE 1.2 NAMI 1.3 STRE 1.4 City 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAMI 5.3 STRE 5.4 CITY 6.1 TITLE 6.2 NAMI	ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP	ured when reinstating)	DAYE CERS AND I	DIRECTOF Change Change Change	Addition Addition Addition Addition