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 # F53243

WALNEF, INC.

FILED Jan 28, 1999 8:00am **Secretary of State**

01-28-1999 90024 027 ***150.00



Principal Plac	e of Business	Mailing Address					,	
C/O WALTER E. LOTZ 5015 GEORGIA AVE. W. PALM BCH. FL 33405 C/O WALTER E. LOTZ 5015 GEORGIA AVE. W. PALM BCH. FL 33405								
		W. PALM BCH. FL 3340	5		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
					11/01/1981		·	
		a Mailine Address	·		4. FEI Number	[An	olied For	
2. Principal Place of Business 2a. Mailing Address				1 "	<u> </u>	Applicable		
21-				59-2141175				
Suite, Apt. #, etc. Suite, Apt. #, etc.			Le Cartifento of Status Degined 1.1		\$8.75 A			
27				5. Certificate of Citato Bookies	Fee Re	quired		
	to	City & State			- 6. Election Campaign Financing	\$5.00	May Be	
		⊢ -¬	.,,		Trust Fund Contribution Added to Fees			
23			0					
Zip	Country		Country		8. This corporation owes the current year Intangible			
24	25 29		30		Personal Property Tax. Yes No			
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registe	ered Agent		
	The state of the s		81	Name				
LOT	Z, WALTER E.							
WALSO15 GEORGIA AVE				82 Street Address (P.O. Box Number is Not Acceptable)				
					1 30 C 2 C C C C C C C C C C C C C C C C C	elan kina engan disebuah di Manganan disebuah di	121 2 191 19 G	
W, F	PALM BCH., FL 33405		83		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
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			84	City		FL 85 Zip C	,uae	
25 Tel 1512 1 57525	gar i sayayan garan ayan ayan ayan ayan ayan ayan ayan	<u> دين د مه پيځو</u> م					rogistored	
11. Pursuant	to the provisions of Sections 607.05	002 and 607.1506, Florida Sta	c authorized by t	he comoratio	oration submits this statement for the purpo on's board of directors. I hereby accept the	appointment as re-	ristered	
office or	registered agent, or both, in the State amifamiliar with, and accept the oblig	e of Florida, Such Change was nations of Section 607.0505.	Florida Statutes.	ne corporatio	ing bodie of disastora. Thereby decept the		´	
e agonta e	amazmata with, and decept the cong	,a					ļ	
SIGNATURE		And title if applicable	OTE: Degistered Agent	signature required	d when reinstating): , (2.3) DA	TE		
	Signature, typed or printed name of registered ag	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 12	
12.		AND DIRECTORS	13.			Change	Addition	
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NAME	LOTZ, WALTER E		1.2 NAME	,				
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	W PALM BCH, FL 00000		1.4 CITY-ST-	710	,			
CITY-ST-ZIP	W FALW BOTH, FL 00000	□ DELETE		-21		[7] Change	Addition	
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NAME	,		2.2 NAME		,			
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NAME A CONT			3.2 NAME		•			
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STREET ADDRESS	PSV	☐ DELETE	5.4 CITY-ST 6.1 TITLE 6.2 NAME	- ZIP	· 1947年	☐ Change	Addition	
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STREET ADDRESS CITY-ST-ZIP TITLE	\$750 \$4000 \$750 \$1000	☐ DELETE	5.4 CITY-ST 6.1 TITLE 6.2 NAME	- ZIP ADDRESS		☐ Change	☐ Addition	

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 an address, with all other like empowered.