**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1996.**
**AMOUNT DUE ON OR BEFORE 8/0/96: $235 (IF DISSOLVED, REINSTATE AMOUNT DUE TO REINSTATE: $610)**

PROFIT CORPORATION ANNUAL REPORT
**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
95 AUG -1 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000002112 (0)**

1. Corporation Name
**KWALU, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~P.O. BOX 3206~~<br>~~APOPKA FL 32703~~ | ~~P.O. BOX 0206~~<br>~~APOPKA FL 32703~~ |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/22/1994
3a. Date of Last Report:

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 P.O. BOX 3610 | 26 P.O. BOX 3610 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 WINTER SPRINGS, FL | City & State 28 WINTER SPRINGS, FL |
| Zip 24 32708 Country 25 | Zip 29 32708 Country 30 |

4. FEI Number: 59-3235216 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under s. 199.032, Florida Statutes* ☐ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| ~~VOSE, GRETCHEN R~~<br>~~2705 W. FAIRBANKS AVE.~~<br>~~WINTER PARK FL 32789~~ | 81 Name: GORDON HORWITZ<br>82 Street Address (P.O. Box Number is Not Acceptable): 1370 SCHOONER COURT<br>83<br>84 City: WINTER SPRINGS FL 85 Zip Code: 32708 |

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 _____ DATE
*Signature, typed or printed name of registered agent and title if applicable* (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | DC | 11 TITLE | ☒ Change ☐ Addition |
| NAME | HORWITZ, GORDON | 12 NAME | |
| STREET ADDRESS | ~~1288 DEER LAKE CIRCLE~~ | 13 STREET ADDRESS | 1370 SCHOONER COURT |
| CITY-ST-ZIP | ~~APOPKA FL 32712~~ | 14 CITY-ST-ZIP | WINTER SPRINGS, FL 32708 |
| TITLE | | 21 TITLE | ☐ Change ☐ Addition |
| NAME | | 22 NAME | |
| STREET ADDRESS | | 23 STREET ADDRESS | |
| CITY-ST-ZIP | | 24 CITY-ST-ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

CR2E034 (3/95)

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)(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.

**SIGNATURE:** _____ 407 695-1101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0130036 FP