SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400002112 (0)

KWALU, INC.

Principal Place of Business	Mailing Address
P.O. BOX 3610	P.O. BOX 3610
WINTER SPRINGS FL 32708	WINTER SPRINGS FL 32708
US	US

FILED Jul 23 1998 8:00am Secretary of State

Principal Place		Mailing Address		The state of the state again again again	कारः अनुश्य राष्ट्रका शक्षकी शिक्षण राष्ट्रा स्ट्रिकी
P.O. BOX 3610 WINTER SPRIN		P.O. BOX 3610 WINTER SPRINGS FL 32708			
I WINTER OFFINA	30 IL 92/00	US		DO NOT WRITE IN T	HIS SPACE
		- •		3. Date Incorporated or Qualified	
				04/22/1994	
2. Principal P	lace of Business	2a. Mailing Address	. 10-0	4. FEI Number	Applied For
21 EA.	st FRONTAGEROA	26 P.O. Po	x1870	59-3235216	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Shat		27	//	0.51-11-0-1	Fee Required
23 R. Ja	alaya \$ 5.C	28 RidgelAN	d 5.0	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip Zip	Country	8. This corporation owes or has paid the	
21 2 99-			10 USA	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Register	red Agent
	WITZ, GORDON		81 Name		
	SCHOONER COURT		82 Street A	ddress (P.O. Box Number Is Not Acceptable)	
WINT	ter s prings fl 32708				· , , <u></u>
			83		
			84 City		85 Zip Code
					-L
11. Pursuant office or	to the provisions of sections 607,0502 registered agent, or both, in the State of	and 607.1508, Florida Statutes, of Florida, Such chance was au	the above-named co	rporation submits this statement for the purpose or ration's board of directors. I hereby accept the appropriate the second control of the second control	of changing its registered
	am familiar with, and accept the obligation			200.0 or another, I through accept the up	-Familiani ea tallionne
SIGNATURE .					
12.	Signature, typed or printed name of registered agent OFFICERS AND		: Registered Agent signature	required when relastating) DAT ADDITIONS/CHANGES TO OFFICERS	
TITLE	DC OFFICERS AND	DELETE	1.1 TITLE	V. 2	Change Addition
NAME	HORWITZ, GORDON	f . J Detere	1.2 NAME	TOWNINGS, END	Change P Mangot
STREET ADORESS	1370 SCHOONER COURT		1.3 STREET ADDRESS	TAR MAN POAR	
CITY-ST-ZIP	WINTER SPRINGS FL		1.4 City-St-zip	BLAN FORF JC Z	9906
TITLE		DELETE	2.1 TITLE	1-0-1141 1-11	Change Addition
NAME		Part Parent	2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	_		2 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.9 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME	· ·		4.2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		T DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
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 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 requirier 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 attriction with an address.