PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97000002591

THE PATRICK WALL GROUP, LTD., INC.

FILED 99 OCT 20 AM 9: 32

SECRETARY OF STATE TALLAHASSEE, FLORIDA

É ÁÐRÍÐDA MIÐ HÁRIÐ EÐAÐU MÁÐAÐ AÐRÍÐ ÁÐRÍÐ ÐAÐU ÐAÐAÐ MYÐAÐ DÍÐIÐ LAÐA UÐAÐ

| | | | | B MARK BULLE PAIRL URL PAIR |
|---|--|--|--|-----------------------------------|
| Principal Place of Business | Mailing Address | | T THE PROPERTY OF THE PROPERTY | A HAND ASTRO TERM TINK 1882 |
| 10938 BAL HARBOR DR BOCA RATON FL 33498 | 10938 BAL HARBOR DR BOCA RATON FL 33498 | | DO NOT WRITE IN THIS SE | PACE |
| | | | 3. Date Incorporated or Qualifed | |
| | | | 05/15/1997 | |
| 2. Principal Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | 26 | | 38-3082561 | Not Applicable |
| Suite, Apt #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | City & State | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zιρ Country 24 25 | Zip Co 29 30 | untry | This corporation owes the current year Intage Personal Property Tax. | gible Yes □No |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | | |
| WALL, PATRICK M 10938 BAL HARBOR DR BOCA RATON FL 33498 | | 81 Name 82 Street Addres 83 | ss (P.O. Box Number is Not Acceptable) | |
| 44. Demonstration of Sections 607.0503 | and COT 1509 Florida Shahitaa tha | 84 City | <u>FL</u> | 85 Zip Code |
| Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation | f Florida. Such change was authorize | d by the corporation | ration submits this statement for the purpose of chi o's board of directors. I hereby accept the appointm | nent as registered |
| SIGNATURE | | | | |

| SIGNATURE Signature, typed or printed name of registered agent and tife if applicable. (NOTE: Registered Agen) signature required when reinstating) DATE | | | | | | |
|---|------------------------|--------------------|---|--|--|--|
| 12. | OFFICERS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | P DELETE | 1.1 TITLE | ☐ Change ☐ Addition | | | |
| NAME | WALL, PATRICK M | 1.2 NAME | | | | |
| STREET ADDRESS | 10938 BAL HARBOR DR | 1.3 STREET ADDRESS | | | | |
| CITY-\$1-ZIP | BOCA RATON FL 33498 | 1.4 CITY-ST-ZIP | | | | |
| TIT _L E | T □ DELETE | 2.1 TITLE | ☐ Change ☐ Addition | | | |
| NAME | WALL, AMY | 2.2 NAME | 6000030313161 -11/01/9901123012 | | | |
| STREET ADDRESS | 10938 BAL HARBOR DR | 2.3 STREET ADDRESS | -11/01/9901123012 | | | |
| CITY-ST-ZIP | BOCA RATON FL 33498 | 2.4 CITY-ST-ZIP | ****550.00 ****550.00 | | | |
| TITLE | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition | | | |
| NAME | | 3.2 NAME | | | | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | 3.4. CITY-ST-ZIP | | | | |
| TITLE | DELETE | 4.1 TITLE | ☐ Change ☐ Addition | | | |
| NAME | | 4.2 NAME | • | | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | 4.4 CITY+ST-ZIP | | | | |
| TITLE | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition | | | |
| NAME | | 52 NAME | | | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | | | |
| CiTY-ST-ZiP | | 5.4 CITY-ST-ZIP | | | | |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition | | | |
| NAME | | 6.2 NAME | • | | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | ./12 | | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | KE | | | |

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.

SIGNATURE: * (SIGNATURE A) TYPED OR PRIN

561-470-5606