## MAY 1ST IS \$550.00

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F98000001070

Principal	Place	of	Business

## **FILED** Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90104 050 \*\*\*150.00

THE WAI	LTER BROWN GROUP, IN	iC.						
Principal Place	of Rusiness	Mailing Address	······				<b>                                    </b>	881 8841 18 <b>4</b> 1
Principal Place of Business Mailing Address  1823 EAST LARUA STREET 1823 EAST LARUA STREET PENSACOLA FL 32501 PENSACOLA FL 32501		Т		DO NOT WR	RITE IN THIS	SPACE		
				I .	ate Incorporated or Qualifed 2/25/1998	d	<del>"</del> :	
2. Deinging D	lace of Business	2a. Mailing Address			I Number		Apr	lied For
Z. Filmcipai Fi	lace of Dusiness	26		2	2-2246079		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Ce	ertifcate of Status Desired		\$8.75 A Fee Rec	
City & State	e	City & State		6. EI	ection Campaign Financing	, <sub>□</sub>	\$5.00	· .
23		28	Country		rust Fund Contribution  nis corporation owes the cu	rrent year Int	Added to	Fees
Zip	Country	Zip <b>29</b>	30	l l	ns corporation owes the cu ersonal Property Tax.	ment year mit	Yes	□No Ì
24	9. Name and Address of Curr		[30]		ame and Address of New	Registered A	Agent	
			81 Name					
	WN, WALTER F B EAST LARUA STREET		82 Street	t Address (P.O	. Box Number is Not Accep	otable)		Service and a service
	SACOLA FL 32501		83	<del></del>			加速制	
			84 City	-	A. A. S.	महार, ५४ ८ ५५ छ है स्टार्ट्स करील क्रांट्री	85 Zip C	code
		·				FL		into
office or r agent. 1 a	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obli	502 and 607.1508, Florida Statu te of Florida. Such change was a gations of, Section 607.0505, Flo		d corporation s poration's boar	d of directors. I hereby acc	ept the appoi	ntment as reg	gistered
	registered agent, or both, in the Sta am familiar with, and accept the oblin Signature, typed or printed name of registered a OFFICERS	igations of, Section 607.0505, Figure 1 in the section 607.0505 in the section	orida Statutes.  E: Registered Agent signature	e required when reins	stating); DITTIONS/CHANGES TO C	DATE	ID DIRECTO	
office or r agent. 1 a SIGNATURE	registered agent, or both, in the Statem familiar with, and accept the oblining signature, typed or printed name of registered a OFFICERS  PS	igations of, Section 607.0505, Figure 1.0505, Figur	E: Registered Agent signature  13. 1.1 TITLE	e required when reins	stating);	DATE	• • • • •	RS IN 12
office or r agent. 1 a SIGNATURE	registered agent, or both, in the Statem familiar with, and accept the oblining signature, typed or printed name of registered agents.  OFFICERS  PS  BROWN, WALTER	igations of, Section 607.0505, Figure 1 in the section 607.0505 in the section	E: Registered Agent signature  13.  1.1 TITLE  1.2 NAME	e required when reine	stating); DITTIONS/CHANGES TO C	DATE	ID DIRECTO	RS IN 12
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS	registered agent, or both, in the Sta am familiar with, and accept the obli- Signature, typed or printed name of registered a OFFICERS  PS BROWN, WALTER 1823 EAST LARUA STREET	igations of, Section 607.0505, Figure 1 in the section 607.0505 in the section	E: Registered Agent signature  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS	e required when reine	stating); DITTIONS/CHANGES TO C	DATE	ID DIRECTO	RS IN 12
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the Sta am familiar with, and accept the obli- Signature, typed or printed name of registered in OFFICERS  PS  BROWN, WALTER  1823 EAST LARUA STREET PENSACOLA FL 32501	igations of, Section 607.0505, Figure 1. Section 607.0505,	E: Registered Agent signature  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP	e required when reine	stating); DITTIONS/CHANGES TO C	DATE	ID DIRECTO	RS IN 12
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the Sta am familiar with, and accept the obli- Signature, typed or printed name of registered in OFFICERS  PS BROWN, WALTER 1823 EAST LARUA STREET PENSACOLA FL 32501 S	igations of, Section 607.0505, Figure 1 in the section 607.0505 in the section	E: Registered Agent signature  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS	e required when reine	stating); DITTIONS/CHANGES TO C	DATE	ID DIRECTO	RS IN 12
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the Sta am familiar with, and accept the obli- Signature, typed or printed name of registered : OFFICERS PS BROWN, WALTER 1823 EAST LARUA STREET PENSACOLA FL 32501 S BROWN, SARAH	igations of, Section 607.0505, Figure 1. Section 607.0505,	E: Registered Agent signature  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE	s required when reins	stating); DITTIONS/CHANGES TO C	DATE	ID DIRECTO	RS IN 12
office or ragent. I a signature  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	registered agent, or both, in the State and familiar with, and accept the oblimation of the state of the stat	igations of, Section 607.0505, Figure 1. Section 607.0505,	E: Registered Agent signature  13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	s required when reins	stating); DITTIONS/CHANGES TO C	DATE	ID DIRECTO Change Change	RS IN 12  Addition
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the Sta am familiar with, and accept the obli- Signature, typed or printed name of registered : OFFICERS PS BROWN, WALTER 1823 EAST LARUA STREET PENSACOLA FL 32501 S BROWN, SARAH	igations of, Section 607.0505, Figure 1. Section 607.0505,	E: Registered Agent signature  13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS	s required when reins	stating); DITTIONS/CHANGES TO C	DATE	ID DIRECTO	RS IN 12
office or ragent. I a agent. I a signature  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP	registered agent, or both, in the State and familiar with, and accept the oblimation of the state of the stat	igations of, Section 607.0505, Figure 1 in a policy of the section 6	E: Registered Agent signature  13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	s required when reins	stating); DITTIONS/CHANGES TO C	DATE	ID DIRECTO Change Change	RS IN 12  Addition
office or ragent. I a agent. I a signature  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	registered agent, or both, in the State and familiar with, and accept the oblication of the properties of the state of the	igations of, Section 607.0505, Figure 1 in a policy of the section 6	E: Registered Agent signature  13.  1.1 TITLE  12 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE	s required when reins	stating); DITTIONS/CHANGES TO C	DATE	ID DIRECTO Change Change	RS IN 12  Addition
office or ragent. I a agent. I a signature  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME	registered agent, or both, in the State and familiar with, and accept the oblication of the properties of the state of the	igations of, Section 607.0505, Figure 1 in a policy of the figure 1 in a policy of the figure 2 in a policy of the	E: Registered Agent signature  13.  1.1 TITLE  12 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME	s required when reins	stating); DITTIONS/CHANGES TO C	DATE OFFICERS AN	ID DIRECTO Change Change	RS IN 12 Addition Addition
office or ragent. I a agent. I a signature  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	registered agent, or both, in the State and familiar with, and accept the oblication of the properties of the state of the	igations of, Section 607.0505, Figure 1 in a policy of the section 6	E: Registered Agent signature  13.  1.1 TITLE  12 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS	s required when reins	stating); DITTIONS/CHANGES TO C	DATE OFFICERS AN	ID DIRECTO Change Change	RS IN 12 Addition Addition
office or ragent. I a signature  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	registered agent, or both, in the State and familiar with, and accept the oblication of the properties of the state of the	igations of, Section 607.0505, Figure 1 in a policy of the figure 1 in a policy of the figure 2 in a policy of the	E: Registered Agent signature  13.  1.1 TITLE  12 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME	s required when reining AD	stating); DITTIONS/CHANGES TO C	DATE OFFICERS AN	ID DIRECTO Change Change	RS IN 12 Addition Addition
office or ragent. I a agent. I a signature  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE	registered agent, or both, in the State familiar with, and accept the oblication of the state of	igations of, Section 607.0505, Figure 1 in a policy of the figure 1 in a policy of the figure 2 in a policy of the	E: Registered Agent signature  13.  1.1 TITLE  12 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4. CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS	s required when reining AD	stating); DITTIONS/CHANGES TO C	DATE OFFICERS AN	ID DIRECTO Change Change	RS IN 12 Addition Addition
office or ragent. I a agent. I a signature  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	registered agent, or both, in the State familiar with, and accept the oblication of the state of	igations of, Section 607.0505, Fig.  agent and title if applicable. (NOTAND DIRECTORS  DELETE  DELETE  DELETE	E: Registered Agent signature  13.  1.1 TITLE  12 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4. CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  4.1 STREET ADDRESS  4.4 CITY-ST-ZIP	s required when reining AD	stating); DITTIONS/CHANGES TO C	DATE OFFICERS AN	D DIRECTO Change Change Change	RS IN 12 Addition Addition Addition
office of ragent. I a signature  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	registered agent, or both, in the State familiar with, and accept the oblication of the state of	igations of, Section 607.0505, Figure 1 in a policy of the figure 1 in a policy of the figure 2 in a policy of the	E: Registered Agent signature  13.  1.1 TITLE  12 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4. CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE	s required when reining AD	stating); DITTIONS/CHANGES TO C	DATE OFFICERS AN	ID DIRECTO Change Change	RS IN 12 Addition Addition
office or ragent. I a agent. I a agent. I a signature  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	registered agent, or both, in the State familiar with, and accept the oblication of the state of	igations of, Section 607.0505, Fig.  agent and title if applicable. (NOTAND DIRECTORS  DELETE  DELETE  DELETE	E: Registered Agent signature  13.  1.1 TITLE  12 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRES  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRES  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME	s required when reining AD	stating); DITTIONS/CHANGES TO C	DATE OFFICERS AN	D DIRECTO Change Change Change	RS IN 12 Addition Addition Addition
office or ragent. I a signature  12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the Starm familiar with, and accept the oblication of the starm familiar with, and accept the oblication of the starm	igations of, Section 607.0505, Fig.  agent and title if applicable. (NOTAND DIRECTORS  DELETE  DELETE  DELETE	E: Registered Agent signature  13.  1.1 TITLE  12 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRES  3.4 CITY-ST-ZIP  4.1 TITLE  4. 2 NAME  4.3 STREET ADDRES  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS	s required when reining AD	stating); DITTIONS/CHANGES TO C	DATE OFFICERS AN	D DIRECTO Change Change Change	RS IN 12 Addition Addition Addition
office or ragent. I a signature  12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	registered agent, or both, in the State familiar with, and accept the oblication of the state of	igations of, Section 607.0505, Fig.  agent and title if applicable. (NOTAND DIRECTORS  DELETE  DELETE  DELETE  DELETE	E: Registered Agent signature  13.  1.1 TITLE  12 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP	s required when reining AD	stating); DITTIONS/CHANGES TO C	DATE OFFICERS AN	D DIRECTO Change Change Change	RS IN 12 Addition Addition Addition
office or ragent. I a signature  12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the State familiar with, and accept the oblication of the state of	igations of, Section 607.0505, Fig.  agent and title if applicable. (NOTAND DIRECTORS  DELETE  DELETE  DELETE	E: Registered Agent signature  13.  1.1 TITLE  12 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4. 2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP  6.1 TITLE	s required when reining AD	stating); DITTIONS/CHANGES TO C	DATE OFFICERS AN	ID DIRECTO Change Change Change	RS IN 12 Addition Addition Addition Addition Addition
office or ragent. I a signature  12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the Starm familiar with, and accept the oblication of the starm familiar with, and accept the oblication of the starm	igations of, Section 607.0505, Fig.  agent and title if applicable. (NOTAND DIRECTORS  DELETE  DELETE  DELETE  DELETE	E: Registered Agent signature  13.  1.1 TITLE  12 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP	s required when reins AD  S S S S S S S S S S S S S S S S S S	stating); DITTIONS/CHANGES TO C	DATE OFFICERS AN	ID DIRECTO Change Change Change	RS IN 12 Addition Addition Addition Addition 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 or an attackment with an address, with all other like empowered.

SIGNATURE: