

DOCUMENT # G10423

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90078 027 ***158.75



DO NOT WRITE IN THIS SPACE

1. Entity Name
WALTER PETROVICH INTERNATIONAL CORPORATION

Principal Place of Business: 1100 SOUTH 56TH AVENUE, HOLLYWOOD FL 33023
 Mailing Address: 1100 SOUTH 56TH AVENUE, HOLLYWOOD FL 33023

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____ Zip: _____ Country: _____

4. FEI Number **59-2284344** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PETROVICH, WALTER L 4810 HARRISON STREET HOLLYWOOD FL 33021		Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ FL Zip Code: _____	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PETROVICH, ANDREW D		NAME: _____	
STREET ADDRESS: 4810 HARRISON ST		STREET ADDRESS: _____	
CITY-ST-ZIP: HOLLYWOOD FL		CITY-ST-ZIP: _____	
TITLE: DP	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PETROVICH, WALTER L		NAME: _____	
STREET ADDRESS: 4810 HARRISON ST		STREET ADDRESS: _____	
CITY-ST-ZIP: HOLLYWOOD FL		CITY-ST-ZIP: _____	
TITLE: DV	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PETROVICH, AMY B		NAME: _____	
STREET ADDRESS: 4810 HARRISON ST		STREET ADDRESS: _____	
CITY-ST-ZIP: HOLLYWOOD FL		CITY-ST-ZIP: _____	
TITLE: D	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PETROVICH, CHRISTOPHER J		NAME: _____	
STREET ADDRESS: 4810 HARRISON ST		STREET ADDRESS: _____	
CITY-ST-ZIP: HOLLYWOOD FL		CITY-ST-ZIP: _____	
TITLE: D	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PETROVICH, RICHARD L		NAME: _____	
STREET ADDRESS: 4810 HARRISON ST		STREET ADDRESS: _____	
CITY-ST-ZIP: HOLLYWOOD FL		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Amy B Petrovich Amy B. Petrovich Jan. 4, 2001 (954) 983-4511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)