FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business 9362 BENTLEY PARK CIRCLE ORLANDO FL 32819

2. Principa Piace of Business

Sorte Abt # etc

City & State

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ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G15372

WALTER DAVID & COMPANY INC.

FILED
Mar 27 1997 8:00am
Secretary of State

Place of Business Mailing Address					- A TORININ GOOD WHAT BURD UNION COUNT OF STATE CLOCK BURN BURN ON STATE COUNTY					
ORLANDO FL 32819-5345										
				3.	Date Incorporated or Qualified 12/20/1982					
2a. Mailing Add	lress			4.				Applied For		
26					59-2239955			Not Applicable		
Suite Apt. #, etc. 27				5.	Certificate of Status Desired			5 Additional Required		
City & State				6.	Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees		
Z(p)	30	Country 30			8. This corporation has liability for intangible tax under s. 199 032, Florida Statutes					
rrent Registered Agent				10.	Name and Address of New Reg	istered A	gent			
DAVID, WALTER W 406 SPRING VALLEY RD. ALTAMONTE SPRINGS FL 32714			Name							
			82 Street Address (P.O. Box Number is Not Acceptable) 93C2 BENTIN, PARK CIACLE							
		83								
			City BOLA	41	No	FI		ip Code 3 7 8/7		
	2a. Mailing Add 26 Suite Apt. # 27 City & State 28 Zip 29 rrent Registered Agent	9362 BENTLEY PARK CIRCLE ORLANDO FL 32819-5345 US 2a. Mailing Address 26 Suite Apt. #, etc. 27 City & State 28 Zip Cc 29 30 rrent Registered Agent	9362 BENTLEY PARK CIRCLE ORLANDO FL 32819-5345 US 2a. Mailing Address 26	2a. Mailing Address 26 Suite Apt. #, etc. 27 City & State 28 Zip Country 29 30 Street Address 32 Street Address 33 Street Address 33 33 34 35 35 35 35 35	28 Suite Apt. #, etc. 28 Country 29 30 30 30 30 30 30 30 3	3. Date Incorporated or Qualified 12/20/1982 2a. Mailing Address 26 Suite Apt. #, etc. 7 City & State 28 Country 29 30 Country 30 Name 81 Name 82 Street Address (P.O. Box Number is Not Acceptable 93 C.2 Bearing Address (P.O. Box Number is Not Acceptable 83	38. Date Incorporated or Qualified 12/20/1982 2a. Mailing Address 26 Suite Apt. #, etc. City & State City & State 27 Country 29 30 Country 30 Country 4. FEI Number 59-2239955 5. Certificate of Status Desired Trust Fund Contribution 8. This corporation has liability for intangible to Florida Statutes Trent Registered Agent 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 93 C.2 BONTLER, PARCIC C. Acceptable) 83	### Street Address of New Registered Agent* #### Street Address (P.O. Box Number is Not Acceptable) ###################################		

11. Pursuant to the provisions of Sections 607 0502 at a 607 1508. Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agree, 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

	in familiar with, and accept the obligations o	1, Section 607.0505, Fig	rida Statutes			
SIGNATURE	The action of typic transport is a control of the gradered against near help	er applicable (NOTE	: Bug stered Agent signature	required when reinstating) DATE		
12.	OFFICERS AND DIRE	CIORS	13.	ID DIRECTOR	S IN 12	
101.E	PD	DELETE	1 1 TITLE		Change	Addition
NAME	DAVID, WALTER W.		1.2 NAME			
SURFELAURIES:	406 SPRING VALLEY ROAD		1 3 STREET ADDRESS	9362 Bentley PARKCIACLE ORLHANDS PL 32119		
CITY S1-Zer	ALTAMONTE SPRINGS FL		1.4 CITY-ST-ZIP	ORLANDO PL 32819		
DE. F	D	DELETE.	2 1 TIFLE		Change	Addition:
NAME	DAVID, LYNNETTE A.		2 2 NAME			
STREET ASTREESS	406 SPRING VALLEY ROAD		2 3 STREET ADDRESS	936 2 Bently PARK CIRCLE ORLANDO PL 32819		
CEY-\$1-769	ALTAMONTE SPRINGS FL		2 4 CITY-ST-ZIP	ORLANDO PL 32819		
160		DETETE	3 1 TITLE		Change	Addition
DAME			3 2 NAME			
STREET ADDRESS			33 STREET ADORESS	•		
OFY \$1.79			34. CITY-ST-ZIP	,		
RECE		DEFETE	4 1 TITLE		Change	Addition
NAME			4 2 NAME			
SHELLATORES			4.3 STREET ADDRESS			
C/TY S1-73			4.4 CHY+ST-ZIP			
TilleF		☐ DELETE	5 1 TITLE		Change	Addition
NAME			5.2 NAME			
SPREED ADDRESS.			5.3 STREET ADDRESS			
ÇIM SI ZE			5.4 CITY+ST-ZIP			
1:181		DETE LE	6 1 11TLE		Change	Addition
NAME			62 NAME			
\$186:1A00RE55			63 STREET ADDRESS			
CHY SI-26	and the second state of the second second of the second se		64 CITY - ST - ZIP			

14. I do 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 in a called 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 of the previous resolutions are provided to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

AND TYPED OH PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/99 (40) 345-0511