FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

(2)

WAI KEE	t F∩II	STAMPING	& EMBOSSING	INC.
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Principal Place of Business Mailing Address								F TOOSISI AND SPIN DINK NINNE SPIN ALDIN			
	664 BARRY S ORLANDO FL					664 BARRY ST. ORLANDO FL 32808					
								•			3. Date Incorporated or Qualified
2.	Principal Plac	e of Busine	ess		2a	, Mailing Address					4. FEI Number Applied For
21		· - ······			26					·····	59-2406102 Not Applicable
22	Suite, Apt. #,	, etc.			27	Suite, Apt. #, etc.					5. Certificate of Status Desired Serviced Fee Required
23	City & State				28	City & State					6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
	Ζιp		h	Country	ļ,	Zip	L	_ Count	ry		8. This corporation has liability for intangible tax under s 199.032,
24			25		[29]	-1	3	0			Florida Statutes Yes No 10. Name and Address of New Registered Agent
		9, Name	and	Address of Currer	it Hegi	stered Agent			1	Name	10. Name and Address of New Registered Agent
	14/411/200	. AUDTIA						L			
WALKER, CURTIS F. 1021 LAKE JESSAMINE DRIVE									2	Street Addres	_{SS} (P.O. Box Number is Not Acceptable)
	ORLAND	00 FL 328	809					{	3		
								ε	4	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											
SI	GNATURE _	lucative tread	or pás	ted name of registered agent	ned the d	(apolicable (NO)	le · F	tonistered A		it signature required v	when reinstation DATE
12		egitatore, typeo	Or phili	OFFICERS AN				13.	gom	a dig di	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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\$T	REET ADORESS			E JESSAMINE DR				13 STR	LE1	ADDRESS	
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7/1	ſLE	VD				☐ DELETE		2 1 TIT	E		☐ Change ☐ Addition
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12	REEL ADDRESS			E_JESSAMINE DR				23 STR	EET	ADDRESS	
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	AME							62 NA			
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		codify that	t the	information supplied	with thi	is filma is voluntarily furn	ish				r the exemption stated in Section 119.07(3)(k), Florida Statutes. I further

I do nereby ceruly that the information supplied with this hing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 effector 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.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96 (407) 2983645