

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H18319 (4)

1. Corporation Name

WALTER E. ROONEY, INC.

Principal Place of Business

4870 N.W. 73RD AVENUE
LAUDERHILL FL 33319

Mailing Address

4870 N.W. 73RD AVENUE
LAUDERHILL FL 33319



2. Principal Place of Business:		2a. Mailing Address		3. Date Incorporated or Qualified 08/27/1984		3a. Date of Last Report 06/02/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2439197		☐ Applied For ☐ Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24	Country	29	Zip	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

ROONEY, WALTER E.
4870 N.W. 73RD AVENUE
LAUDERHILL FL 33319

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	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.

SIGNATURE

Signature typed in print, name and title of signatory in capital letters

(If the Registered Agent signature is not known, write "Not Known")

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	Rooney, Walter E.
NAME	ROONEY, WALTER E.	12 NAME	7597 Cedar Hurst Court
STREET ADDRESS	4870 NW 73 AVE	13 STREET ADDRESS	Lake Worth, FL 33467
CITY- ST- ZIP	LAUDERHILL FL	14 CITY- ST- ZIP	
TITLE	D	21 TITLE	Rooney, Kathleen B.
NAME	ROONEY, KATHLEEN B.	22 NAME	7597 Cedar Hurst Court
STREET ADDRESS	4870 NW 73 AVE	23 STREET ADDRESS	Lake Worth, FL 33467
CITY- ST- ZIP	LAUDERHILL FL	24 CITY- ST- ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY- ST- ZIP		34 CITY- ST- ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY- ST- ZIP		44 CITY- ST- ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY- ST- ZIP		54 CITY- ST- ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

6/12/96

407-434-4222

CR2E034 (3/96)