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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H72955

WILLIAM WALTER ASSOCIATES, INC.

FILED Apr 16, 1999 8:00 am Secretary of State 04-16-1999 90001 002 ***158.75



1990 VILLAGE CENTER CIRCLE. SUITE 3-410 LAS VEGAS NV 89134 US			1930 VILLAGE CENTER CIRCLE. SUITE 3-410 LAS VEGAS NV 89134 US				-	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/23/1985							
2. Principal Pl	ace of Business	2a. Mailing A	2a. Mailing Address					4. FEI Nur						plied For	Į
21		26	26					59-25 3	<u> 71306 </u>			_	No.	t Applicable	1
Suite, Apt. i	#, etc.	_ 	Suite, Apt. #, etc.				= د حدد	5. Certifca	te of Stat	us Desired			\$8.75 A		_==
City & State	<u> </u>	City & Sta	ate					6. Election	Campaio	ın Financi	ng 🗆		\$5.00	May Be	
23		28					Trust Fund Contribution Added to Fees								
Zip	Country		Zip Country				8. This corporation owes the current year Intangible								
24	25	— ·	29 30			5]			l Propert				Yes	□No	
	9. Name and Address of Curre			* 				10. Name a			w Registe	red A	gent]
					81	Name						-			
KAPL	an, saundra r			1						N-4 A		•			1
1088	GAYER WAY		82 Street A				Address (P.O. Box Number is Not Acceptable)								
	CO ISLAND FL 33937			H	83										1
	55 , 52 1 .5 + 5 4555,			- 1	-										
				Ţ.	84	City							85 Zip (Code	
			 						M-14-4		<u> </u>		anging its	registered	-
office or re agent. I a	to the provisions of Sections 607.05 agistered agent, or both, in the State on familiar with, and accept the oblig	e of Florida. Such cr ations of, Section 6 KAPLAI	nange was aut 07.0505, Florid	nonzeo la Statu	by tr tes.	ne corp	orations	board or di	rectors. I	hereby ac	ccept the a	ppoint	ment as re	gistered	
	Signature, typed or printed name of registered ag		(NOTE: R		\gent s	signature ı	ednised wh	en reinstating)	NSICHAI	ICES TO	OFFICER	SANIT	DIRECTO	RS IN 12	86
12.		ND DIRECTORS	TOPLETE	13.	_		7	ADDITIO	NOICHA	1023 10	OTTIOLIS		Change	Addition	(11/98)
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CITY-ST-ZIP				6.4 CT											
14 I haraby	ertify that the information supplied v	with this filing does	not qualify for t	he exen	nptio	n state	d in Sec	tion 119.07	(3)(i), Flo	rida Statul	es. I furthe	er certi	fy that the	information	_
indicated	on this annual report or supplement	al annual report is t	rue and accura	ate and	that	my sigr	nature si	hall have the	same le	gal effect	as if made	under	oath; that	I am an	

SIGNATURE: