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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

J93090

(5)

CLOUDWALKER ENTERPRISES INC.

Principal Place of Business	Mailing Address
% BJORN KIELMAN	% BJORN KIELMAN
5359 LANTANA ROAD	5359 LANTANA ROAD
LAKE WORTH FL 33463	LAKE WORTH FL 33463

FILED Feb 19 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/18/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 26 21 65-0124112 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. □ No 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent KIELMAN, BJORN 5359 LANTANA ROAD Street Address (P.O. Box Number is Not Acceptable) 82 LAKE WORTH FL 33463 City 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, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition DELETE 1.1 TITLE TITLE 1.2 NAME NAME KIELMAN, BJORN 5359 LANTANA ROAD 1.3 STREET ADDRESS STREET ADDRESS LAKE WORTH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 City-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change ☐ DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ Addition DELETE 61 TITLE Change TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-7IP CITY-ST-ZIP

14. I hereby certify that the information supplied windicated on this annual report or supplement officer or director of the corporation or the results of the corporation of the results of the resul

this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with an address.