## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

Sep 26 1997 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # K44937 (6)WONDERFUL WALLS III. INC. Principal Place of Business Mailing Address 20533 BISCAYNE BLVD. 20533 BISCAYNE BLVD. SUITE #2 SUITE #2 DO NOT WRITE IN THIS SPACE NORTH MIAMI BEACH FL 33180 NORTH MIAMI BEACH FL 33180 3. Date Incorporated or Qualified 3a, Date of Last Report 11/14/1988 05/01/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable 65-0089919 Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П 22 Fee Required City & Stato City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SHERMAN, FRED 20533 BISCAYNE BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE #2 83 NORTH MIAMI BEACH FL 33187 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 or printed name of registered agent and tale if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. CR2E034 (4/97 TITLE ☐ DELETE 1.110116 Addition SHERMAN, FRED NAME 1.2 NAME 16425 COLLIN S AVE #1414 1.3 STREET ADDRESS STREET ADDRESS N. MIAMI BEAH FL CITY-ST-ZIP 1.4 CHY-ST-ZIP DELETE Change Addition TITLE 21 1/11 SHERMAN, DENNIS M. 2.2 NAME NAME **1282 NE 181 STREET** STREET ADDRESS 2.3 STREET ADDRESS N. MIAMI BEACH FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE 31 TITLE Change Addition TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DETLIT Change Addition 4.1 THE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 C(TY-ST-Z)P DELETE Change Addition TITLE 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 T/TLE TITLE 6.2 NAME NAME STREET ADDRESS 63 STREET ADDRESS

6.4 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 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 eath; that I am an officer or director 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 chapted, or on an attachment with an address.

QHHE h

CITY-ST-ZIP

**FILED**