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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUI 1. Corporation	MENT # K60391	1 (5)					
· ·	S C. WALSER, P.A.						
11101111	O O WALOLIN I'M				1 10010 HE SAN SAND CORE HAND THIS IN	AT BIBIT BIBU BERK BIRTH A	(81) (81)
·					-		
Principal Place of Business Mailing Address						Si dibit Bibit Bibit and aibit a	(\$(1 \$1\$11 (#B)
C/O THOMAS C. WALSER C/O THOMAS C. WALSER							
7015 BERACASA WAY, STE. 201 BOCA RATON FL 33433		7015 BERACASA WAY, STE. 201 BOCA RATON FL 33433		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified		
					01/24/1989		
2. Principal Pl	F1 *						Applied For
Suite Apl	Suite, Apt. #, etc. Suite, Apt. #, etc.				65-0102088	¢0.76	Not Applicable 5 Additional
22 27		 -			5. Certificate of Status Desired		Required
City & State		City & State	- <u></u>		6. Election Campaign Financing	\$5.0	0 May Be
23 28		28			Trust Fund Contribution		d to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the current year Intangible		
24	25 29 30 9. Name and Address of Current Registered Agent		[30]		Personal Property Tax due June 10. Name and Address of New Ro		∐ No
1844		r wadistalan waaiir	81	Name	10. Name and Address of New At	Misteren Wherir	
WALSER, THOMAS C.							
7015 BERACASA WAY SUITE 201				Street Addre	ess (P.O. Box Number is Not Accepta	ble)	
BOCA RATON FL 33433							
				City		85 Zi	ip Code
				•		FL "	· .
11. Pursuant t	to the provisions of Sections 607.0503 egistered agent, or both, in the State	2 and 607.1508, Florida Statu of Florida, Such change was	tes, the above-r	named corporation	oration submits this statement for the on's board of directors. I hereby acce	purpose of changing) Its registered as registered
agent I a	m familiar with, and accept the obliga	ations of, Section 607.0505, F	lorida Statutes				
SIGNATURE	Signature, typed or printed name of registered ager	ot and title if anniinnble (BIC)	TE: Registered Agent	minneture require	of upon reignatations	DATE	
12.	OFFICERS AND DIRECTORS		13.	agratura redore	ADDITIONS/CHANGES TO OFFI		ORS IN 12
TITLE	DP	DELETE	1.1 TITLE			Change	e Addition
NAME	WALSER, THOMAS C.		1.2 NAME				
STREET ADDRESS	7506 SILVERWOODS CT.		1.3 STREET AC	DRESS			
CITY-SI-ZIP	BOCA RATON FL		1.4 CITY-ST-	ZIP			
TITLE		DELETÉ	2.1 TITLE			Change	e 🔲 Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET AC 2.4 City+St-				
CITY-ST-ZIP TITLE	<u> </u>	☐ DELETE	2. 4 CHT+SI-	LIF .		☐ Change	e Addition
NAME			3.2 NAME			•	
STREET ADDRESS			3.3 STREET AL	DDRESS	•		
CITY-ST-ZIP	3.4.1		3.4. CITY-ST-	ZIP			
TITLE		DELETE	4.1 TITLE			☐ Change	e 🔲 Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET AD		1		
CITY-ST-ZIP		DELETE	4.4 CITY - ST -	ZIP	<u> </u>	Change	e
TETLE		L. DELLETE	5.1 TITLE			L. J Change	
NAME Street Address			5.2 NAME 5.3 STREET AD	ID0FCC			ļ
CITY-ST-ZIP			5.4 CITY-ST-				
TITLE		DELETE	6.1 TITLE			☐ Change	e Addition
NAME		-	6.2 NAME			- •	
STREET ADDRESS			6.3 STREET AC	ODRESS			

14. I 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if the proof 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 the proof of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

FILED

Apr 15 1998 8:00am

Secretary of State