5-15-41 B- 7308 C FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K61468

(0)

| WALSH | AND ASSOCIATES, INC. | | | | | |
|--|--|--|--|---|---|--|
| Principal Place | of Business | Mailing Address | | | . Bigir Bibil Bibil Gibir Bibir Bibir IIIbi | |
| P.O. BOX 3133 P.O. BOX 3133 TEQUESTA FL 33469-0133 | | | 33 | | | |
| | | | | 3. Date incorporated or Qualified 01/23/1989 | 3a. Date of Last Report 04/18/1996 | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For | |
| 21 | | 26 | | 59-2936308 | Not Applicable | |
| Suite, Apt. : | #, etc | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional | |
| 22 | | 27 | | | Fee Required | |
| City & State | ; | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Z ip | Country | 28 | Country | 8. This corporation has liability for | 7,0000 10 1 000 | |
| 24 | 25 | 29 | 30 | | Yes No | |
| | 9. Name and Address of Curren | | | 10. Name and Address of New Re | gistered Agent | |
| 6495 | .SH, EUGENE RAYMOND 5-F CHASEWOOD DR. ITER FL 33458 | | 82 Street A | UAISH, EUGEUE RAKA ddress (P.O. Box Number is Not Acceptal 955 TUDOR | (名) (SD). | |
| | | | 84 City | UNO ISLES | FL 85 Zip Code 8 | |
| 11. Pursuant I | to the provisions of Sections 607.050 | 2 and 607.1508, Florida Sta | tutes, the above-named | corporation submits this statement for the | | |
| office or re agent. Lar | egistered agent, or both, in the State m familiar with, and aggept the obliga | of Florida. Such change wa ations of, Section 607.0505, | is authorized by the corp Florida Statutes. | corporation submits this statement for the oration's board of directors. I hereby acce | pt the appointment as registered | |
| SIGNATURE | Sura DIN | Ist was | | | 4-23-97 | |
| | Signature typici or printed name of registered age | | IOTE: Registered Agent signature r | | DATE | |
| 12. | OFFICERS AND | DELETE | 13. | ADDITIONS/CHANGES TO OFFICE | Change Addition | |
| NAME | WALSH, EUGENE RAYMOND J | | 1.2 NAME | WALSH EUGENE BA | KMOND COMMENT | |
| STREET ADDRESS | 6495-F CHASEWOOD DR | "" | 1.3 STREET ADDRESS | WALSH, EUGENE RA 1955 TUDOL RD | | |
| CITY-ST-ZIP | JUPITER FL | | 1.4 CITY-ST-ZIP | JUNO ISLES, FL | 334MR | |
| TITLE | | ☐ DELETE | 21 TITLE | | Change Addition | |
| NAME | | | 2.2 NAME | | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | | |
| CHY-S1-ZIP | | | 2 4 CITY-ST-ZIP | | | |
| 10tt | | DELETE | 3.1 TITLE | | Change Addition | |
| NAME | | | 3.2 NAME | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | |
| City St 7/P | | | 3.4. CITY-ST-ZIP | | | |
| TITLE | | DELETE | 4.1 TITLE | | Change Addition | |
| NAM8 | | | 4. 2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | |
| CITY+S1-ZIP | | ···· | 4.4 City-St-ZiP | | | |
| THLE | | DELETE | 5.1 TITLE | | L Change L Addition | |
| NAME. | | | 5.2 NAME | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | |
| CITY-S1-ZiF | | DELETE | 54 CITY+ST-ZIP | | C Observe C Address | |
| TITLE | | DELETE | 61 TITLE | | Change Addition | |
| NAME | | | 6.2 NAME | | | |
| STREET ADORESS | | | 6.3 STREET ADDRESS | | | |
| CHY-ST-ZIP | ov cortifu that the information complies | Y with this filing does not as | 6.4 CITY - ST - ZIP | ated In Section 119.07(3)(i), Florida Statuto | as I further certify that the | |
| informatio Lam an of | n inclicated on this annual report or s | upplemental annual report i the receiver or trustee emp | is true and accurate and lowered to execute this re | that my signature shall have the same leg- sport as required by Chapter 607, Florida s | al effect as if made under oath; that | |