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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Madham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07545

(1)

1. Corporation Name

WALLICK PROPERTIES, INC.



Principal Place of Business

951 S ANDREWS AVE
POMPANO BCH FL 33069
US

Mailing Address

951 S ANDREWS AVE
POMPANO BCH FL 33069
US

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt., #, etc.

State, Apt., #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

FEUERSTEIN, JAMES F., III
145 N MAGNOLIA AVENUE
ORLANDO FL 32801

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0507 and 607.1501, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

NAME

P

WALLICK, GREGG

[] DELETE

STREET ADDRESS

951 S ANDREWS AVE
POMPANO BCH FL

CITY-ST-ZIP

TITLE

SHIRLEY D. LITTLE

[] DELETE

NAME

951 S. ANDREWS AVE.

STREET ADDRESS

POMPANO BCH, FL. 33069

CITY-ST-ZIP

TITLE

[] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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[] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

[] DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

[] Change

[] Addition

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

2. TITLE

2. NAME

2. STREET ADDRESS

2. CITY-ST-ZIP

3. TITLE

3. NAME

3. STREET ADDRESS

3. CITY-ST-ZIP

4. TITLE

4. NAME

4. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

5. NAME

5. STREET ADDRESS

5. CITY-ST-ZIP

6. TITLE

6. NAME

6. STREET ADDRESS

6. CITY-ST-ZIP

7. TITLE

7. NAME

7. STREET ADDRESS

7. CITY-ST-ZIP

8. TITLE

8. NAME

8. STREET ADDRESS

8. CITY-ST-ZIP

14. I do hereby certify that the information supplied herein is true and correct and does not qualify for the exemption stated in Section 119.07(3)(k), 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 registered 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 or changed or corrected in Block 13.

SIGNATURE:

Shirley D. Little

Sec - Treas.

4/1/96

954-942-4449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Original Filing

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