

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 14 1997 8:00am  
Secretary of State

DOCUMENT # **L 07545** (1)

1. Corporation Name

**WALLICK PROPERTIES, INC.**

Principal Place of Business

Mailing Address

**951 S ANDREWS AVE  
POMPANO BEACH FL 33069  
US**

**951 S ANDREWS AVE  
POMPANO BEACH, FL 33069  
USA**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

3a. Date of Last Report

**08/04/89**

**05/01/96**

4. FEI Number

Applied For

Not Applicable

**65-0138995**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREGG WALLICK  
951 S ANDREWS AVE  
POMPANO BEACH FL 33069**

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 607.0505 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE **President** ☐ DELETE

NAME **WALLICK GREGG**

STREET ADDRESS **951 S ANDREWS AVE**

CITY-ST-ZIP **POMPANO BEACH FL 33069** ☐ DELETE

12.2 TITLE **SECRETARY/TREASURE** ☐ DELETE

NAME **SHIRLEY LITTLE**

STREET ADDRESS **951 S ANDREWS AVE**

CITY-ST-ZIP **POMPANO BEACH FL 33069** ☐ DELETE

12.3 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

12.4 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

12.5 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-ST-ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-ST-ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-ST-ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-ST-ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-ST-ZIP

**WALLICK GREGG** ☒ Change ☐ Addition

**951 S. Andrews Ave**

**Pompano, Beach, FL 33069** ☐ Change ☐ Addition

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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 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 changed, or on an attachment with an address.

SIGNATURE:

**Shirley D. Little**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/27/97**  
Date

Daytime Phone #

CR2E034 (9/96)