

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L33616 (8)

1. Corporation Name

WALTERS/GOTTLIEB PARTNERS, INC.

Principal Place of Business

777 S FLAGLER DR. SUITE 1102
WEST PALM BEACH FL 33401

Main Address

777 S FLAGLER DR. SUITE 1102
WEST PALM BEACH FL 33401

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

SOLOMON, ALLAN B.
7777 GLADES ROAD, SUITE 300
BOCA RATON FL 33434

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 607.06(2) and 607.15(3), 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 accepting the appointment as registered agent, if any, for said with, and accept the obligations of Section 607.06(2), Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this statement on behalf of the corporation

Signature of the person who is authorized to sign this statement on behalf of the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PS	WALTERS, MICHAEL J.	777 S. FLAGLER DRIVE	WEST PALM BCH FL	☐
VPT	GOTTLIEB, GARY	777 S. FLAGLER DRIVE	WEST PALM BCH FL	☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included on this form is a true and accurate representation of the information reported, 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, and that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 17 if changed, or on the official record with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL J. WALTERS 11/3/96 407-655-4100

CR2E034 (12/95)