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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

THILE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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	WALDE	EN GARLA	and inter	RNATIONAL	., INC.												
Pi	rincipal Plac	ce of Busines	S		Mailing A	Address						I INDIIDII DOI OILOI IBIII BIBGO IIIIS III		HIERI BIQII	8(8)) B		
820 LONGVIEW SARASOTA FL 34228					620 LONGVIEW SARASOTA FL 34228						DO NOT WRITE IN THIS SPACE						
											3.	Date Incorporated or Qualified					
_	5 1.3.15					·						03/15/1990					
_	2. Principal Place of Business				2a. Mailing Address						4. FEI Number					ied For	
21	Suite Ant	Suite, Apt. #. etc.				Suite, Apt. #, etc.					_	59-3001879		60 7		Applicable ditional	
22					27					5.	Certificate of Status Desired		Fee	Requ	ired		
	City & Stat	City & State				City & State						Election Campaign Financing				ay Be	
23	Zip	Country				Zip Co						Trust Fund Contribution	<u> </u>		ed to		
24	1		25		29		30	1111 9				This corporation owes or has pa Personal Property Tax due June	_	rent year] Yes	Intan	- 1	
24				s of Current R		Agent	30					Name and Address of New Re			<u> </u>	-	
		ISEY, FRAN						81	Name								
	240 PLANT AVENUE								Street	Address	(P.	O. Box Number is Not Acceptat	ole)				
SUITE B-308								B3					•				
TAMPA FL 33806																	
								64	City				FL	85 Z	ip Co	de	
11. Pursuant to the provisions of Sections 607.0502 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 obligations of, Section 607.0505, Florida Statutes.														egistered gistered			
SI	GNATURE	Signature, typed	or printed name o	I registered agent a	nd tille if applica	able. (NO	TE: Registered	i Ager	nt signature	regulred w	men i	reinstating)	DATE				
12	2.			ICERS AND D			13.					DDITIONS/CHANGES TO OFFIC	ERS AND	DIRECT	ORS	IN 12	
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	ME		I, JAMES E.	•			2.2 NA										
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CITY-ST-ZIP SARASOTA FL					34.0												
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STE	REET ADDRESS						4.3 ST	REET A	ADDRESS								
-	Y-ST-ZIP						4.4 CI		- 1							ļ	

CITY-ST-ZIP 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 changed, or on an attachment with an address.

5.2 NAME

6.1 TITLE 6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

DELETE

DELETE

☐ Change

Change

■ Addition

Addition

FILED

Feb 25 1998 8:00am

Secretary of State