


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

FILED  
Apr 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # M83181 (1)</b> <span style="float: right;">112/197 NC</span>			
1. Corporation Name <b>WALL STREET MALL AGENCY, INC.</b> <i>(name changed to Wealth Preservation Strategies, Inc.)</i>			
Principal Place of Business <b>400 INDIAN ROCKS RD C. BELLEAIR BLUFFS FL 34640</b>		Mailing Address <b>400 INDIAN ROCKS RD C. BELLEAIR BLUFFS FL 33770</b>	
2. Principal Place of Business <b>1421 Court Str.</b> Suite, Apt. #, etc. <b>Suite B</b> City & State <b>Clearwater, FL</b> Zip <b>34616</b>		2a. Mailing Address <b>Same as principal</b> Suite, Apt. #, etc. City & State Zip <b>Pinellas</b>	
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3. Date Incorporated or Qualified <b>05/25/1988</b>		3a. Date of Last Report <b>04/23/1996</b>	
4. FEI Number <b>59-2917468</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>HERSEM, THOMAS G. (ATTY) 400 INDIAN ROCKS RD ST/C BELLEAIR BLUFFS FL 34640</b> <i>1421 Court Str., B Clearwater FL 34616</i>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
11 TITLE <b>D</b>		12 NAME <b>CUTLER, MARY LOU</b>	
13 STREET ADDRESS <b>111 ALETA DR.</b>		14 CITY-ST-ZIP <b>BELLEAIR BEACH FL</b>	
21 TITLE <b>PST</b>		22 NAME <b>CUTLER, MARY LOU</b>	
23 STREET ADDRESS <b>111 ALETA DRIVE</b>		24 CITY-ST-ZIP <b>BELLEAIR BEACH FL</b>	
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