Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90061 016 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P14922**

1. Corporation Name

THE WAKL CORPORATION

11,12 1171					
Principal Place	of Business	Mailing Address			init Athri Aren eren eren eren eren eren
9820 ATCHINSON ROAD 2845 66TH STR SW					
SPRING VALLEY OH 45370 NAPLES FL 34105				DO NOT WRITE IN T	THIS SPACE
US				3. Date Incorporated or Qualifed	1110 011111
				06/22/1987	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		31-1209505	Not Applicable
Suite Apt. # etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	- \$8.75 Additional
22 27		27		5. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip Zulac -	Country	8. This corporation owes the current year	
24	25	29 34105 30	<u> </u>	Personal Property Tax.	X Yes □No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registe	rea Agent
KIRBY, BRUCE					
4890 GOLDEN GATE PARKWAY			82 Street	Address (P.O. Box Number is Not Acceptable)	
NAPLES FL 33999					
	*	• -	85		
			84 City		FL 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. Hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
	Signature, typed or printed name of registered agent		egistered Agent signature re		
12.	OFFICERS AND	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICER	Change Addition
	VPD	_ beccia			!
NAME	WALTHER, BEULAH A		1.2 NAME	WAITHER BEULAH A. 9492 SUGAT BEND TRAIL	,
STREET ADDRESS	9820 ATCHINSON RD			nouted by a little	
CITY-ST-ZIP	DAYTON OH PD	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	DAYTON, OhID 45458	Change Addition
1	KIRBY, BRUCE		2.2 NAME		
NAME	4890 GOLDEN GATE PARKWAY		2.3 STREET ADDRESS		
STREET ADORESS	NAPLES FL		2. 4 City-ST-ZiP		
-CITY-ST-ZIP	ST	□ DELETE	3.1 TITLE	****	☐ Change ☐ Addition
NAME	KIRBY, LUCILLE		3.2 NAME		
STREET ADDRESS	4890 GOLDEN GATE PKWY		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		3.4. CITY-ST-ZIP		
TITLE	THAT LEG I L	☐ DELETE	4.1 TITLE	MIN	Change Addition
NAME	•		4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	· ·	
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		[
STREET ADDRESS			5.3 STREET ADDRESS	·	}
CITY-ST-ZIP			5.4 CITY-ST-ZIP	:	ļ
777.5	· · · · · · · · · · · · · · · · · · ·	/ nevere	STITLE		Change

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 truetee 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP,

NAME

STREET ADDRESS

CITY-ST-ZIP NA

941-261-5176