FILE NOW: FILING FEE AFTER MAY 1 IS \$55D.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

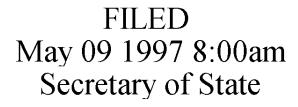
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300009347 (4)

WALDEN LAKE ART & FRAME SHOP, INC.

Principal Place of Business

Mailing Address





1514 8. ALEXANDER ST. PLANT CITY FL 33566		1514 S. ALEXANDER ST. PLANT CITY FL 33566-63	1514 S. ALEXANDER ST. PLANT CITY FL 33586-6319			
					3. Date Incorporated or Qualified 02/01/1993	3a. Date of Last Report 05/01/1996
	lace of Business	2a. Mailing Address			4. FEI Number	Applied F
21		26			59-3167303	Not Appli
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Addition
22		27			5. Certificate of Status Desired	Fee Required
City & State	e	City & State		· ····	6. Election Campaign Financing	\$5.00 May B
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zipi	Countr	у	8. This corporation has liability for it	ntangible taxainder s. 199.0
24	25	29	30			Yes I No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Re	istered Agent
MO	RRIS, CHRISTOPHER		81	Name		
	4 S. ALEXANDER ST.		-	Charal Ada	(DO D. M	
	NT CITY FL 33566		82	Street Add	dress (P.O. Box Number is Not Acceptab	e)
, ,	W 011 12 00000		83	1		
			84	City		FI 85 Zip Code
44 6	10.000	400 4007 4600 FI Dist		<u> </u>		• -
11, Pursuant office or r	to the provisions of Sections 607.0 registered agent, or both, in the Sta	502 and 607.1508, Florida Statu ite of Florida. Such change was	tes, the abov authorized b	/e-named cor v the corpora	poration submits this statement for the partion's board of directors. I hereby accept	urpose of changing its regis tithe appointment as registe
agent. I a	m familiar with, and accept the obl	igations of, Section 607.0505, FI	orida Statute	s.	, , , , , , , , , , , , , , , , , , , ,	The approximation of the programs
SIGNATURE						
<u> </u>	Signature, typed or printed name of registered a			jent signature requ	uired when reinstating)	DATE
12.		ND DIRECTORS	18.		ADDITIONS/CHANGES TO OFFIC	
TITLE	D	☐ DELETE	1.4 TITLE			☐ Change ☐ A
NAME	MORRIS, CHRISTOPHER		1.P NAME			
STREET ADDRESS	4108 THACKERY WAY		1.8 STREE	1 ADDRESS		
CITY-ST-ZIP	PLANT CITY FL 33567		1.4 CITY -	\$1 · 21P		
TITLE	D	DELETE	2.4 1111.8			☐ Change ☐ A
NAME	MORRIS, LEIGH A		2.₽ NAME			
STREET ADDRESS	4108 THACKERY WAY		2.8 STREE	1 ADDRESS		
CITY-ST-ZIP	PLANT CITY FL 33567		2. 4 CITY	· \$1 - 21P		
TITLE		DELETE	3.1 11TLE	 		☐ Change ☐ A
NAME			3.P NAME			
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP			3.4. CITY			
TITLE		DELETE	4.4 1911	01 EII		Change A
NAME			4, 2 NAMI			
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - 5.4 TITLE	51-7IP		Change A
		" nercit				La Change L., A
NAME			5.⊉ NAME			
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP	7		5.4 CITY-	S1-ZIP		—
TITLE		DELETE	6.4 YOLE			Change A
NAME			6.2 NAME			
STREET ADDRESS			6.8 STREE	1 ADDRESS		
CITY-ST-ZIP			6.4 CITY -	ST-ZIP		

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 engaged, or on an attachment with an address.