

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000035272 (2)

1. Corporation Name

~~COURT REALTY, INC.~~  
WALTERS FAMILY EXCELLERS, INC.

NC. 3-7-96



Principal Place of Business

897 CUTLER ROAD  
LONGWOOD FL 32779

Mailing Address

897 CUTLER ROAD  
LONGWOOD FL 32779

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 32779-3525 25 Country FL

29 Zip 32779-3525 30 Country FL

3. Date Incorporated or Qualified  
05/14/1993

3a. Date of Last Report  
05/12/1995

4. FEI Number  
59-3183279

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALTERS, PHILIP R  
897 CUTLER ROAD  
LONGWOOD FL 32779

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code 32779-3525

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

*Philip R. Walters*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating.)

DATE

4/25/96

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME WALTERS, PHILIP R  
STREET ADDRESS 897 CUTLER ROAD  
CITY-ST-ZIP LONGWOOD FL 32779

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V.P. & DIRECTOR ☐ Change ☒ Addition  
1.2 NAME CANDACE WALTERS  
1.3 STREET ADDRESS 897 CUTLER ROAD  
1.4 CITY-ST-ZIP LONGWOOD FL 32779-3525

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME PRESIDENT, SECTY. DIR.  
2.3 STREET ADDRESS PHILIP R. WALTERS  
2.4 CITY-ST-ZIP 897 CUTLER ROAD  
LONGWOOD, FL 32779-3525

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME 700001805437  
5.3 STREET ADDRESS -05/02/96--01084--003  
5.4 CITY-ST-ZIP \*\*\*200.00

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE

*Philip R. Walters*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHILIP R. WALTERS

Date

Daytime Phone

4/25/96

(407) 788-2182

CR2E034 (12/95)