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CORPORATION ANNUAL REPORT **1995**

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

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95 AUG 10 PM 12:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P93000065660 (1)**

1. Corporation Name
WALMAK GROUP, INC.

Principal Place of Business	Mailing Address
~~800 NW 61ST WAY~~ ~~PLANTATION FL 33324~~ 7512 DR. PHILIPPS BLVD Suite 50-323 ORLANDO, FL 32819	~~800 NW 61ST WAY~~ ~~PLANTATION FL 33324~~ 7512 Dr. Phillips Blvd Suite 50-323 ORLANDO, FL 32819

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified: 09/21/1993	3a. Date of Last Report: 04/25/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27: 50-323	4. FEI Number: APPLIED FOR	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28: Orlando FL	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip 24 / Country 25	Zip 29: 32819 / Country 30: Orang.	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
~~CHAMS, MAKRAM~~ ~~800 NW 61ST WAY~~ 7512 DR. PHILIPPS Blvd. ~~PLANTATION FL 33324~~ Siuite 50-323 ORLANDO, FL 32819	81 Name: Laura Rayyan 82 Street Address (P.O. Box Number is Not Acceptable): 7512 Dr. Phillips Blvd. 83: Suite 50-323 84 City: Orlando FL 85 Zip Code: 32819

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	President	☑ Change ☐ Addition
NAME	CHAMS, MAKRAM	1.2 NAME	Makram Chams	
STREET ADDRESS	~~800 NW 61ST WAY~~ 7512 DR. PHILIPPS BLVD	1.3 STREET ADDRESS	7512 Dr. Phillips Blvd.	
CITY-ST-ZIP	~~PLANTATION FL 33324~~ Siuite 50-323 ORLANDO, FL 32819	1.4 CITY-ST-ZIP	Suite 50-323 Orlando FL 32819	
TITLE	VP	2.1 TITLE	Secretary, Treasurer	☑ Change ☐ Addition
NAME	NOBARI, LAURA RYAN	2.2 NAME	Laura Rayyan	
STREET ADDRESS	~~800 NW 61ST TERR.~~ 7512 DR. PHILIPPS Blvd	2.3 STREET ADDRESS	7512 Dr. Phillips Blvd.	
CITY-ST-ZIP	~~PLANTATION FL 33324~~ Suite 50-323 ORLANDO, FL 32819	2.4 CITY-ST-ZIP	Orlando FL 32819	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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.

SIGNATURE: _____ MAKRAM CHAMS PRESIDENT 5/1/95 (407) 248-0148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0232160 CP