SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** P93000075847 (2) WALDEC REAL ESTATE, INC. Mailing Address Principal Place of Business 5050 W. LEMON ST. 5050 W. LEMON ST. TAMPA FL 33609 TAMPA FL 33609 3a. Date of Last Report 3. Date incorporated or Qualified US 10/20/1993 04/19/1995 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-3209322 564 ALPHA 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired X Fee Required 22 6. Election Campaign Financing \$5.00 May Be ity & State City & State PA PITTLEVEGA Added to Fees Trust Fund Contribution 23 8. This corporation has liability for intangible tax under s. 199.032, Country $Z_{\rm IP}$ Yes 🔲 No W Z Florida Statutes 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name ADAMEK, R. K Street Address (PO. Box Number is Not Acceptable) 82 THE WALDEC GROUP 5050 W. LEMON ST. **TAMPA FL 33609** Zip Code 85 84 City 11. Aursuant 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. Thereby accept the appointment as registered agent. I am familiar vi.th, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE DATE (NOTE Registered Agent signature registed when repatating) Signature, type per protect names or registers Jia just and the Jiappit ani-ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. Change Addition DELETE 11 TITUE TITLE 1.2 NAME NAME WALLACE, THOMAS E 1.3 STREET ADORESS 5050 W. LEMON ST. STREET ADDRESS TAMPA FL CITY - ST - ZIP Change Addition DELETE 2.1 THLE TITLE 2.2 NAME NAME ADAMEK, R. K 2.3 STREET ADDRESS STREET ADDRESS 5050 W. LEMON ST. 2 4 CITY - ST - ZIP TAMPA FL CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME WALLACE, TIMOHTY W NAME 3.3 STREET ADDRESS 5050 W. LEMON ST. STREET ADDRESS 3.4 CITY-ST-ZIP TAMPA FL CITY - ST - ZIF Change Addition DELETÉ 4 1 T.TLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 5.1 THILE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 611111 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP 14. If do hereby certify that the information supplied with this filling 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 it made under oath, that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in 8 oct 12 or Blytick 13 if changed, or on an attachment with an address.

SIGNATURE: