

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

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90203 018 \*\*\*150.00

DOCUMENT # P94000014136

1. Corporation Name

THE WALLWORKS OF SOUTH FLORIDA, INC.

Principal Place of Business

32 N.E. 22ND AVE.  
POMPANO BEACH FL 33062-5228

Mailing Address

P.O. BOX 641  
DEERFIELD BEACH FL 33062-0641

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1994

4. FEI Number

NOT APPLICABLE

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 owes the current year Intangible  
Personal Property Tax.

Yes No

2. Principal Place of Business

21 259 S. 51st Terr

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Deerfield Bch. FL

27 City & State

23 33441

28 Zip

24 Country

29 Zip

25 Country

30 Zip

9. Name and Address of Current Registered Agent

KAYE, ROBERT  
1500 W. CYPRESS CREEK ROAD  
SUITE 207  
FORT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name

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

83

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME POTTS, WILLIAM B  
STREET ADDRESS 32 N.E. 22ND AVE.  
CITY-ST-ZIP POMPANO BEACH FL

TITLE S ☒ DELETE

NAME VANDERMALLIE, ERIC  
STREET ADDRESS 12231 ROYAL PALM BLVD  
CITY-ST-ZIP CORAL GABLES FL

TITLE T ☒ DELETE

NAME COX, BARRY  
STREET ADDRESS 25 SE 9TH TERR  
CITY-ST-ZIP DEERFIELD BCH FL

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

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1520 NW 45th ST  
Pompano Bch FL #3  
33064

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

SECRETARY  
ALEXANDER NORRIS  
4757 NW 24th  
LAUDERDALE Hill FL 33313

3.1 TITLE

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TREASURER  
Johnny GONZALEZ  
7960 S.W. 6th CT  
North Lauderdale FL 33068

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

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: WILLIAM B POTTS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)