


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91039 005 ***150.00

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|---|--|--|---|---|--|
| DOCUMENT # P94000014136 1. Entity Name THE WALLWORKS OF SOUTH FLORIDA, INC. | | | |  | |
| Principal Place of Business 259 SE 1ST TERR DEERFIELD BCH, FL 33441 | | | | Mailing Address P.O. BOX 641 DEERFIELD BEACH, FL 33062-0641 | |
| 2. Principal Place of Business Suite, Apt. #, etc. #10 | | 3. Mailing Address 259 SE 1ST TERRACE Suite, Apt. #, etc. #10 | | | |
| City & State DEERFIELD BEACH, FL | | City & State DEERFIELD BEACH, FL | | 4. FEI Number 65-0531963 | |
| Zip 33441 | | Country FL | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent KAYE, ROBERT 1500 W. CYPRESS CREEK ROAD SUITE 207 FORT LAUDERDALE, FL 33309 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD POTTS, WILLIAM B 1520 NW 45TH ST POMPANO BEACH, FL 33064 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S ANGELOS, FRAN 2100 NE 39TH ST. #10 HIGHTHOUSE POINT, FL 33064 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T POCHTEL, KEITH 4221 NE 12TH AVE. POMPANO BEACH, FL 33062 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>William B Potts</u> WILLIAM B. POTTS 4/26/04 954-520-8063 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |