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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

1. Corporat	JMENT # P940 IE WALDER, P.A.	00043161 (6	i)					#848 11181 #1818 1 1181 1181	
Principal Pla	ace of Business	Mailing Address	Mailing Address			{		i lea (1118) 41 110 0 1101 118	
777 S HARBOUR ISLAND BLVD SUITE 175 TAMPA FL 33602		777 S HARBOUR ISLAND BLVD SUITE 175 TAMPA FL 33602			3. Date Incorporated or Qualified				
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number		Applied	i For
21		26	,			59-3248676		Not App	
Suite, An	ot #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additi Fee Require	
City & St	tate	City & State				6. Election Campaign Financing		\$5.00 May	
23	Country	28 Z _{(D}		untry		Trust Fund Contribution 8. This corporation has liability for		Added to Fe	
Ζφ 24	25	29	30	cirti y			i ∏ No	(ax 0 135 0 155 50	JL,
<u></u>	9. Name and Address of C					10. Name and Address of New I	egistere	d Agent	
SUITE TAMP/ 11. Pursual or regis familiar	A FL 33602 If to the provisions of Sections 607 stered agent, or both, in the State of with, and accept the obligations of,	.0502 and 607.1508, Florida Stat If lorida Such change was autho Section 607.0505, Florida Statut	utes, the ab rized by the es.	83 84 ove-r	City named corpo oration's boa	ration submits this statement for the pure of directors. I hereby accept the app	rpose of continuent		
SIGNATUR	Signature, typed or printed name of registers	diagon; and the Lapphoshia (NOTE Registers	nd Agrur	nt signature require	ad when reinstating)	DATE		
12.	OFFICER	S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	ICERS A		
THILF	D	☐ DELETE		TITLE				☐ Change ☐ A	Addition
NAME Associations	WALDER, LYNNE ss 777 S HARBOUR ISLAND	N RI VA		NAME CYDCET	ADDRESS				
STREET ADDRES CITY - \$1 - 7/P	TAMPA FL 33602	, DC40		CITY-S					
110		DELETE	2 1 TITLE					☐ Change ☐ A	Addition
NAME			221	NAME					
STREET ADURES	SS .				I ADORESS				
C:1Y - \$1 - 7: <u>F</u> TITLE		☐ DELETE		CITY - S TITLE	ST- 21P			☐ Change ☐ #	Addition
NAME		G		NAME					
STREET ACTURES	ss		3 3.	STREE	T ADDRESS				
CHTY-ST-ZIP				CITY-S	ST-ZIP				Tajo-
JIILE				4 1 TITLE 4 2 NAME				☐ Change ☐ #	Addition
NAME SAME ASSESS					T ADDRESS				
STREET ADDRES	55				ST - ZIP				
TITLE				5 1 TILE				☐ Change ☐ #	Addition
NAM:			52	NAME					
STREET ADDRES	SS				1 ADDRESS				
CTY-S1-ZP		רו הנודיר			ST-21P			Change /	Addition
THELE		☐ DELETE		TITLE NAME				Cloudy Cl	
NAME STREET ADDRE	38				T ADDRESS				

14. Ido 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.

64 CITY - ST - ZIP

SIGNATURE:

Walle Lynne Walder

8732212121