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DIVISION OF CORPORATIONS

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CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # P94000071526 (5)

1. Corporation Name
WAL-PAT MARKETING, INC.

Principal Place of Business	Mailing Address
300 VIENNA DR PALM SPRINGS FL 33461	300 VIENNA DR PALM SPRINGS FL 33461

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/26/1994
3a. Date of Last Report: N/A.

2. Principal Place of Business	2a. Mailing Address
21 7230-D GEORGIA AVE.	26 7230-D GEORGIA AVE
Suite, Apt. #, etc. 22 WEST PALM BCH.	Suite, Apt. #, etc. 27 WEST PALM BCH.
City & State 23 FL	City & State 28 FL.
Zip 24 33405 / Country 25 U.S.A.	Zip 29 33405 / Country 30 U.S.A

4. FEI Number: 65-0532292. ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: N/A. $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: N/A. $5.00 May Be Added to Fees

8. This corporation has liability for intangibles under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BROWN, WALTER A 300 VIENNA DR PALM SPRINGS FL 33461	81 Name: N/A. 82 Street Address (P.O. Box Number is Not Acceptable) 83 N/A. 84 City: N/A. 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 _____ 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	D/P	11 TITLE	P/S	☐ Change ☑ Addition
NAME	BROWN, WALTER A	12 NAME	EWAN BROWN	
STREET ADDRESS	300 VIENNA DR	13 STREET ADDRESS	300 VIENNA DR. F214	
CITY ST ZIP	PALM SPRINGS FL 33461	14 CITY ST ZIP	PALM SPRINGS FL. 33461	
TITLE	D/S	21 TITLE		☐ Change ☐ Addition
NAME	BROWN, PATRICIA J	22 NAME		
STREET ADDRESS	300 VIENNA DR	23 STREET ADDRESS		
CITY ST ZIP	PALM SPRINGS FL 33461	24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS	REMITTED BY MAY 1	
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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: Walter Brown — 4-15-95 — 407-586-9348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0436503 FP