

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90068 008 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000001269**

1. Corporation Name  
**WALANDO, INC.**

Principal Place of Business 1711 SW 43 AVE GAINESVILLE FL 32608	Mailing Address 1711 SW 43 AVE GAINESVILLE FL 32608
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DO NOT WRITE IN THIS SPACE

21. Principal Place of Business Suite, Apt. #, etc. <b>1804 SW 35 Place</b>	22. Mailing Address Suite, Apt. #, etc. <b>1804 SW 35 Place</b>
23. City & State <b>Gainesville, FL</b>	24. City & State <b>Gainesville, FL</b>
25. Zip <b>32608</b>	26. Country <b>Alachua</b>

3. Date Incorporated or Qualified <b>01/04/1995</b>
4. FEI Number <b>59-3302364</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**WALES, PAUL J**  
**1711 SW 43 AVE**  
**GAINESVILLE FL 32608**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1804 SW 35 Pl.**  
 83  
 84 City **Gainesville** FL 85 Zip Code **32608**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALES, PAUL</b>	1.2 NAME	
STREET ADDRESS	<b>1711 SW 43RD AVE</b>	1.3 STREET ADDRESS	<b>1804 SW 35 Pl. FL 32608</b>
CITY-ST-ZIP	<b>GAINESVILLE FL 32608</b>	1.4 CITY-ST-ZIP	<b>Gainesville, FL 32608</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ORLANDO, ANNE</b>	2.2 NAME	
STREET ADDRESS	<b>1711 SW 43RD AVE</b>	2.3 STREET ADDRESS	<b>1804 SW 35 Pl. FL 32608</b>
CITY-ST-ZIP	<b>GAINESVILLE FL 32608</b>	2.4 CITY-ST-ZIP	<b>Gainesville, FL 32608</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: \_\_\_\_\_ Date **4/29/99** 352-376-7646 Daytime Phone #

CR2E034 (1/1/98)