

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

**FILED**

**Apr 08 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P95000022246 (9)**

1. Corporation Name  
**WALLY WORLD, INC.**



Principal Place of Business  
**1095 SHOTGUN RD.  
SUNRISE FL 33326**

Mailing Address  
**1095 SHOTGUN RD.  
SUNRISE FL 33326-1911**

3. Date Incorporated or Qualified <b>03/20/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>24-1183000</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. <b>9600 West Sample Rd</b>
22. City & State	27. <b>404</b>
23. Zip	28. <b>Coral Springs, FL</b>
24. Country	29. <b>33065</b>
25. Country	30. <b>USA</b>

9. Name and Address of Current Registered Agent

**NUGENT, BRIAN M  
106 E. COLLEGE AVE.  
SUITE 1200  
TALLAHASSEE FL 32301**

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

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MCNAMARA, MICHAEL J.</b>
STREET ADDRESS	<b>O/O 1095 SHOTGUN RD.</b>
CITY-ST-ZIP	<b>SUNRISE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SOSCIA, LOUIS E</b>
STREET ADDRESS	<b>%1095 SHOTGUN RD.</b>
CITY-ST-ZIP	<b>SUNRISE FL 33326</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ESCARZAGA, WALTER</b>
STREET ADDRESS	<b>%1095 SHOTGUN RD.</b>
CITY-ST-ZIP	<b>SUNRISE FL 33326</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MCANNAR, DANIEL B</b>
STREET ADDRESS	<b>%1095 SHOTGUN RD.</b>
CITY-ST-ZIP	<b>SUNRISE FL 33326</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>9600 West Sample Rd #404</b>
1.4 CITY-ST-ZIP	<b>Coral Springs, FL 33065</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>9600 West Sample Rd #404</b>
2.4 CITY-ST-ZIP	<b>Coral Springs, FL 33065</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>9600 West Sample Rd #404</b>
3.4 CITY-ST-ZIP	<b>Coral Springs, FL 33065</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>9600 West Sample Rd #404</b>
4.4 CITY-ST-ZIP	<b>Coral Springs, FL 33062</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 in 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 in an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **1-8-97** DAYTIME PHONE #: **954-344-9355**

CR2E034 (9/96)