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

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNU	AL REPORT		Sandare Secretary DIVISION OF CC	of State		
DOCUN 1. Corporation		P950000	048636 (1))		
•	WAHL & COM	PANY, INC.				1)
Principal Place	of Business		failing Address			
ORLANDO FL 32801			ORLANDO FL 32801			
					3. Date Incorporated or Qualified 06/22/1995	3a. Date of East Report
2. Principal Pla	ice of Business W. Liviv	1 _ 1	Mailing Address 1.00 L0 Lis Suite. Apt. #, etc	ringston St	4, FEI Number 59, 332 ²² 57	Applied For Not Applicable
Suite, Apt. #	t, etc.	27	<u> </u>	<u></u>	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	W. Livis	ngston St. 28	City & State	vingston 3		\$5.00 May Be Added to Fees
24 32 8C) [25]	doress of Current Regi		Country 30]	8. This corporation has liability for Florida Statutes 10. Name and Address of New Florida	s □No
f		daress of Current Regi	stereu Agent	81 Name	10. Name and Address of Item?	tegistered Agent
617- ₩	, RICHARD C 0: Magnolia a NDO FL 32801	VENUE DIE 103		82 Street Add	ress (P.O. Box Number is Not Acceptal	
			1	84 City	ando.	FL 85 Zip Code 3 2 80/
11. Pursuant to or registere	o the provisions of ed agent, Muoth, in	Section 607.05/2 and finite state of forida Aud	(17/508, Florida Statutes, ctychange/ras authorized	the above-named corpo by the corporation's boa	ration submits this statement for the pured of directors. I hereby accept the app	rpose of changing its registered office pointment as registered agent. I am
familiar wit SIGNATURE: _	n, and ar spot is o	bligging is of section 60	4/1	Hugosterad Agent signature requin		1/30/96
12.	Signal / C. typed or printes	OFFICERS AND DIRE	A-L	13.		FICERS AND DIRECTORS IN 12
TITLE	Precident		DELETE	1. 1 TILLE		Change Addition
NAME	Richard	C. Wahl nornton Ave	3 6	1.2 NAME		
STREET ADDRESS	622 N.TI	nornton Ave)#F_5	1.3 STREET ADDRESS		
CITY-S1-ZIP	Orlando) FL 3280		1.4 CHY-ST-ZIP		Change Addition
TITLE]	•	☐ DELETI	2 1 TILLE 22 NAME		Change Addition
NAME]			2.3 STREET ADDRESS		
STREET ADDRESS DITY-ST-ZIP				2 4 CITY-ST-ZIP		
TITLE	 		DELETE	3 1 TITLE		Change Addition
NAME	{			3.2 NAME		
STREET ADDRESS				3.3 STREET ADDRESS		
CITY-ST-ZIP				3 4 CITY - ST - ZIP		
TITLE			DELETE	4. 1 TITLE		Change Addition
NAME L				4 2 NAME		į.
\$TREET ADDRESS				4.3 STREET ADDRESS		
CITY - ST - ZIP TITLE	1		DELETE	44 CITY-ST-ZIP 5 1 TITLE		Change Addition
NAME				5.2 NAME	والمناور والمناور والمناور والمناور والمناور والمناور	
STREET ADDRESS				5.3 STREET ADDRESS	3000018 -05/28/9601	ゴ ココロコ 016028
CITY-ST-ZIP				5.4 C(1Y - ST - Z)P	-US/ <i>C</i> 8/35*-U1 ***200.00	010 <u>0</u> 50
TITLE			DELETE	6. 1 TITLE		Change Addition
NAME				6.2 NAME		6
STREET ADDRESS				6.3 STREET ADDRESS		μ.,

14. Too 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 of the receiver or to stee employee do execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter 607 or on an infact of the corporation of the receiver or to stee employee do execute this report as required by Chapter 607, Florida Statutes; and that my name

64 CITY-ST-ZIP

SIGNATURE:

CITY-S1-ZIP

407-745-7570