

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90076 012 ***150.00

DOCUMENT # P95000058386

1. Corporation Name
WALTERS FRAMING INC.



Principal Place of Business Mailing Address
5320 VAN BUREN ROAD 5320 VAN BUREN ROAD
DELRAY BEACH FL 33484 DELRAY BEACH FL 33484
448 SW 13th Street 448 SW 13th Street
Pompano Beach, FL 33060 Pompano Beach, FL 33060

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 448 SW 13th Street 26 448 SW 13th Street
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Pompano Beach, FL. 28 Pompano Beach, FL.
Zip Country Zip Country
24 33060 25 USA 29 33060 30 USA

3. Date Incorporated or Qualified
07/27/1995
4. FEI Number Applied For
59-2635697 65-0616761 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NYSTRAND, DOROTHY C
1441 NE 31ST COURT
POMPAÑO BEACH FL 33064

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P WALTERS, CARL D 5320 VAN BUREN ROAD DELRAY BEACH FL 33484	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	448 SW 13th Street
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Pompano Beach, FL. 33060
TITLE	V WALTERS, HEATHER L 5320 VAN BUREN ROAD DELRAY BEACH FL 33484	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	448 SW 13th Street
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Pompano Beach, FL. 33060
TITLE	ST NYSTRAND, DOROTHY C 1441 NE 31ST CT POMPAÑO BEACH FL 33064	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		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		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		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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99

954-946-5072
Daytime Phone #

CR2E034 (1/1998)