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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000061291 (7)

**WICKED WALLS INCORPORATED** 

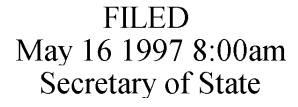
Principal	Place	of	<b>Business</b>
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2200 COLLINS AVE. SUITE B

Mailing Address

2200 COLLINS AVE.

SUITE B





MIAMI BEACH FL 33139		MIAMI BEACH FL 33139-1718					
				3. Date Incorporated or Qualified 08/08/1995	3a. Date of L 07/16/19		
	ace of Business	2a, Mailing Address	10	H 4.	4. FEI Number		Applied For
1200	1 SW 5TH AVR	26 2001 56	7 >	1416	65-0601750		Not Applicable
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 ' ' '	.75 Additional ee Required
City & State	Ami	28 Silv &		6. Election Campaign Financing Trust Fund Contribution Added to Fees			
12312	29 25 FLA	29 3 3/29		<b>A</b> .	8. This corporation has liability for Florida Statutes	intangible tax un 【Yes ☐ No	der s. 199.032,
	9. Name and Address of Current	Registered Agent		,	10. Name and Address of New Re	gistered Agent	
	iolds, roger		81	Name			
2200 Suiti	COLLINS AE. F R		82	Street Addre	ess (P.O. Box Number is Not Acceptab	yle)	
	BEACH FL 33139		83		,		
			84	City		FL 85	Zip Code
office or re	o the provisions of Sections 607.0502 gistered agent, or both, in the State of n familiar with, and accept the obliga	of Florida. Such change was au	ithorized b	by the corporati	oration submits this statement for the point's board of directors. I hereby acceptions	urpose of chang at the appointme	Jing its registered int as registered
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable. (NOTE:	Registered Ac	gent signature require	ed when re-installing)	DATE	·
12.	OFFICERS AND		13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	CTORS IN 12
TITLE	D DOWN TO THE TOTAL	L DELETE	1.1 TITLE		•	Ch	ange 🔲 Addition
NAME	REYNOLDS, ROGER		1.2 NAME	,			
STREET ADDRESS	2200 COLLINS AVE. SUITE B		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33139	·	1.4 01	SI-ZIP			
TITLE		☐ DELETE	2.1 TIT :			☐ Ch	ange 🔲 Addition
NAME			2.2 NA 1E				
STREET ADDRESS			2.3 ST E	T ADDRESS			
CITY-ST-ZIP			2.40	- ST - <b>7</b> IP			
TITLE		DELETE	3.1 TI			☐ Ch.	ange Addition
NAME			3.2 N/				
STREET ADDRESS			3.3 \$	1 ADDRESS			
CITY-ST-ZIP			3.4. 0	S1-ZIP			
TITLE		☐ DELETE	4.1 1			☐ Ch	ange Addition
NAME			4.2	ı İ			
STREET ADDRESS			4.3 S	FADDRESS			
CITY-ST-ZIP				S1-ZIP			
TITLE		DELETE	5.1 T			☐ Chi	ange Addition
NAME			5.2 N.			_	
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP				ST-ZIP			
TITLE		☐ DELETE	6.1 1/ t	01-21		☐ Cha	ange Addition
NAME			6.2 NA 1E				ange Cal House
-			1 1	+ ADDRESS			
STREET ADDRESS			0.00111	TALURE 55	0 <del>111</del>		
CITY-ST-ZIP	y certify that the information symplice	with this filing dogs had	540)	emplies state	in Soction 110 07/2/(i) Florida Ctatuta	o I further east	, that the
l am an of	y cettly that the montanion supplied in indicated on this annual report or su ficer or director of the corporation or in Block 12 or Block 13 if changed, or	he receiver of Mistee embowe	Programme and the second	curate and that	in Section 119.07(3)(i), Florida Statute ny signature shall have the same lega as required by Chapter 607, Florida S	I effect as if mac tatutes; and that	that the de under oath; that ; my name