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

PROFIT CORPORATION **ANNUAL REPORT**

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000089001 (8)

WALL TO WALL COMMERCIAL SERVICES INC.

FILED Mar 30 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address	Mailing Address							
TAMPA FL 33		TAMPA FL 33614			מו ממ	DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Ou 11/10/1995		THO OF THOSE	. , ,	
· ·	Place of Business	2a. Mailing Address				4. FEI Number		A	pplied For	
Suite, Apt.	# ato	26				65-0665677			lot Applicable	>
22		Suite, Apt. #, etc.			6. Certificate of Status Des	ired 🔲	Fee Required			
City & Stat	·	City & State			 Election Campaign Final Trust Fund Contribution 	ncing	5 _ 45.66 May 25			
Zip	Country	Z _{(P} Country			8. This corporation owes or has paid the current year Intangible					
24	25	29 30			Personal Property Tax due June 30. Yes No					
	g, Name and Address of Current	Registered Agent		81	Name	10. Name and Address of	lew Registe	red Agent		4
	rter, mary 08 n. Highland ave.			"	Name					ı
			82	Street A	Address (P.O. Box Number is Not A	cceptable)			7	
TAMPA FL 33603				83						4
				84	City			PL	Code	
office or r	to the projectors of Sections 607.0502 egistered adet., of both in the Shite of	and 607.1508, Florida Statu of Florida, Such change was	ites, the at authorize	bove- d by	named o th ∉ c orp	corporation submits this statement foration's board of directors. I hereb	or the purpor y accept the	serof changing appointment as	its registered s registered	Ì
agent. I a SIGNATURE			IMN	1_	$\mathcal{L}\mathcal{U}$	L Yel	2	12/9	8	
12.		DIRECTORS (NC	Registere	urgen	t signature i	required when reinstaling) ADDITIONS/CHANGES TO	OFFICERS	AND DIRECTO	DC IN 12	- F
TITLE	DO	DELETE	1.1 TI	7LE	- 1	ADDITIONS/CITAINGES TO	OFFICENS	Change	Addition	_
NAME	CARTER, LOUIS		1.2 N/	AME	İ					1
STREET ADDRESS	3708 N. HIGHLAND AVENUE		1.3 STF		DDRESS					18
CITY-ST-ZIP	TAMPA FL		1.4 Ci	TY-ST	- ZIP					12
TITLE	DO	DELETE	2.1 Tf	TLE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	Addition	75
NAME	Carter, Mary		2.2 NJ	AME]					
STREET ADDRESS	3708 N. HIGHLAND AVENUE		2.3 STREET ADDRESS							
CITY-ST-ZIP	TAMPA FL		2.40	ITY-ST	- ZIP					
TITLE	DO	☐ DELETE	3.1 Ti	TLE	- 1			Change	Addition	
NAME	HARRIS, JACQUELINE		3.2 NA							
STREET ADDRESS	1385 N. MICHILAND				DORESS					
CITY-ST-ZIP	PASADENA CA			ITY-ST	- ZIP				- Indian	4
TITLE NAME		T" DETER	4.1 10					L Change	Addition	
STREET ADDRESS			4. 2 N							
CITY-ST-ZIP					DDRESS					
TITLE		DELETE	4.4 CI 5.1 TI	TY-ST-	·ZIP			Change	Addition	
NAME			5.2 N/						☐ ∧odition	
STREET ADDRESS			•		DDRESS					
CITY-ST-ZIP				1Y - ST-	- 1					
TITLE	DELETE			11-31- ILE	<u> </u>			Change	☐ Addition	+
NAME		_	62 N/							
STREET ADDRESS		\wedge	1		DDRESS					
CITY - ST - ZIP	~ ^	1\		TY-ST-	- 1					
14. Thereby c	certify that the information supplied will on this arrhual report or supplied mental.	h this fling does not qualify	for the exe	mptio	on stated	d in Section 119.07(3)(i), Florida Sta	tutes. I furthe	or certify that the	e information	1

ered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in