

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

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000011178 (6)
1. Corporation Name
WALHALLA REMODELING, INC.

Principal Place of Business 2319 ST MARTEEN CT KISSIMMEE FL 34741	Mailing Address 2319 ST MARTEEN CT KISSIMMEE FL 34741-3011
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3. Date Incorporated or Qualified 02/05/1996	3a. Date of Last Report
4. FEI Number 59-3362745	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 2319 ST. MARTEEN CT	2a. Mailing Address 2319 ST. MARTEEN CT
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State KISSIMMEE, FL	28. City & State KISSIMMEE, FL
24. Zip 34741	29. Zip 34741
25. Country	30. Country

9. Name and Address of Current Registered Agent KIBILDS, TANIA 2319 ST MARTEEN CT KISSIMMEE FL 34741	10. Name and Address of New Registered Agent
	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	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: *Tania Kibilds* **TANIA KIBILDS - ERROL KIBILDS 04-25-97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE <input type="checkbox"/> DELETE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 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, of this attachment with an address.

SIGNATURE: *Tania Kibilds* **TANIA KIBILDS 04-25-97 (407) 944 0163**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)