

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

FILED

Apr 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P96000031138 (6)**  
1. Corporation Name  
**WALL STREET INVESTMENT NETWORK, INC.**



Principal Place of Business Mailing Address  
**4842 VICTORIA CHASE CT  
JACKSONVILLE FL 32257** **4842 VICTORIA CHASE CT  
JACKSONVILLE FL 32257-5206**

3. Date Incorporated or Qualified **04/04/1996** 3a. Date of Last Report  
4. FEI Number **59-3377549** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**  
6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be  
Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 **4897 Jaybird Circle N.** 26 **4897 Jaybird Circle N.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 **Jacksonville, FL 32257** 28 **Jacksonville, FL 32257**  
Zip Country Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

**MANDEVILLE, JAMES  
4897 JAYBIRD CIRCLE N  
JACKSONVILLE FL 32257**

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  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
President ☐ DELETE  
**Randall Edney  
4842 Victoria Chase Court  
Jacksonville, FL 32257**  
Vice-President ☐ DELETE  
**Nathaniel Orange  
2280 Shepard Street  
Jacksonville, FL 32211**  
Recording Secretary ☐ DELETE  
**Steven Robinson  
7961 Sweet Rose Lane E.  
Jacksonville, FL 32244**  
Treasurer ☐ DELETE  
**Walden C. Parker  
942 Cresswell Lane W.  
Jacksonville, FL 32221**  
Financial Secretary ☐ DELETE  
**James Mandeville  
4897 Jaybird Circle N.  
Jacksonville, FL 32257**  
Parliamentarian ☐ DELETE  
**A. Ray Brinson  
3767 Gurley Road  
Jacksonville, FL 32211**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE ☐ Change ☒ Addition  
**Director**  
1.2 NAME **Reginald A. Allen**  
1.3 STREET ADDRESS **9277 Wesley Cove Court**  
1.4 CITY-ST-ZIP **Jacksonville, FL 32257**  
2.1 TITLE ☐ Change ☒ Addition  
**Director**  
2.2 NAME **Adolphus Edney**  
2.3 STREET ADDRESS **PO Box 947**  
2.4 CITY-ST-ZIP **(N/A)  
Frederiksted, St. Croix, USVI 00841**  
3.1 TITLE ☐ Change ☒ Addition  
**Director**  
3.2 NAME **Dewitt Lucas**  
3.3 STREET ADDRESS **2015 Figaro Lane**  
3.4 CITY-ST-ZIP **Jacksonville, FL 32210**  
4.1 TITLE ☐ Change ☒ Addition  
**Director**  
4.2 NAME **Nate McClendon**  
4.3 STREET ADDRESS **2026 Forest Gate Drive E.**  
4.4 CITY-ST-ZIP **Jacksonville, FL 32246**  
5.1 TITLE ☐ Change ☒ Addition  
**Director**  
5.2 NAME **Charles Nearon**  
5.3 STREET ADDRESS **6547 Stillwater Court**  
5.4 CITY-ST-ZIP **Jacksonville, FL 32217**  
6.1 TITLE ☐ Change ☒ Addition  
**Director**  
6.2 NAME **Asa Williams**  
6.3 STREET ADDRESS **6266 Cranberry Lane W.**  
6.4 CITY-ST-ZIP **Jacksonville, FL 32244**

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, or on an attachment with an address.

SIGNATURE: **James Mandeville**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/4/97** **(904) 737-1556**  
Date Daytime Phone

CR2E034 (9/96)