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

PROFIT CORPORATION ANNUAL REPORT

1999

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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000056786

WALLART, INC.

Princ	cipal	Plac	0	of	Βu
4563	WER	RER	S	T.	

Mailing Address

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90263 019 ***158.75



4563 WEBBER S SARASOTA FL		4563 WEBBER ST SARASOTA FL 34232				3. Date Incorporated or Qualifed 07/05/1996	TE IN THIS		plied For	
21	lace of Business	26				65-0688285			t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		1,1		Certifcate of Status Desired		\$8.75 A	Additional	
City & State		City & State		•		Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	- 1	
Zip	Country 25	Zip Country			8. This corporation owes the current year Intangible Personal Property Tax. Yes No					
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New I	Registered	Agent		
	RILAWYER CHARTERED ALMERIA AVENUE			81 82	Name Street A	ddress (P.O. Box Number is Not Accept	able)			
CORAL GABLES FL 33134			83			₹'				
				84	City		FL	85 Zip (
l • Office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	tnonze	a ov i	(ne corpor	corporation submits this statement for the ration's board of directors. I hereby accept	purpose of ot the appoi	changing its itment as rec	registered, gistered	-4
SIGNATURE	Signature, typed or printed name of registered age	and title if amplicable (NOTE:	Renistere	1 Aceni	signatura rec	quired when reinstating)	DATE			_
12.		ND DIRECTORS	13.		·	ADDITIONS/CHANGES TO OF		ID DIRECTO	RS IN 12	86/
TITLE '	PSTD	☐ DELETE	1,1 TI					Change	☐ Addition	Ξ
NAME	MOUTINHO, ARTHUR			AME	#					4
STREET ADDRESS	4563 WEBBER ST				ADDRESS					낊
CITY-ST-ZIP	SARASOTA FL 34232			ITY-ST	-					CR2E034 (11/98)
TITLE	OATPOOT ! LE STESE	☐ DELETE		TLE				☐ Change	Addition	ਠ
NAME			2.2 NAME							
STREET ADDRESS			2.3 STREET ADDRESS		ADDRESS					
1 }			2. 4 CITY-ST-ZIP		1					
CITY-ST-ZIP TITLE		DELETE	3.1 T		1-21			Change	☐ Addition	
NAME			3.2 N							
]					ADDRESS	•			l	
STREET ADDRESS				CITY-S						در <u>ئت</u> چ
CITY-ST-ZIP TITLE			3.4. C			The second secon		Change	Addition	
NAME			4.21							
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TITLE		☐ DELETE	5.1 T					Change	Addition)	
NAME	*		5.2 N	AME	Į		٠. ' '		, ·[
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	Ant E A	☐ DELETE	6.1 T					Change	☐ Addition	
NAME			6.2 N	AME						
STREET ADDRESS	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				ADDRESS					
CITY-ST-ZIP				ITY-ST						
SHIPSPAR I			_							

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