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

PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P96000074402

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90021 044 ***150.00

W.A.L.M.	CORPORATION						
Principal Place	of Business	Mailing Address				<u> </u>	\$118 1181 1891
1318 LAFAYETTE STREET CAPE CORAL FL 33904 1318 LAFAYETTE STREET CAPE CORAL FL 33904					OR MOTIVE IN T	UIO ODAČE	
					DO NOT WRITE IN T	HIS SPACE	
					3. Date Incorporated or Qualifed 09/04/1996		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Арг	lied For
21					65-0695286 Not Applicable		Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 A	-
22	27			· · · · · · · · · · · · · · · · · · ·	o. Celineate of Claras Bearing	Fee Rec	
City & State	City & State City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 h Added to	
Zip			Country	try 8. This corporation owes the current year Intangible			
24	25 29 30				Personal Property Tax.		□No .
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registe	red Agent	
			81	Name			
HILL, THOMAS W 1318 LAFAYETTE STREET			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
CAPE CORAL FL 33904			83	<u> </u>			
			84	City		85 Zip C	ode
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the at office or registered agent, or both, in the State of Florida. Such change was authorized.						FL 03 = 5 °	
agent. I am	familiar with, and accept the obliga	tions of, Section 607.0505, Florida	gistered Ager	s. nt signature required	d when reinstating) DATI	E	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
	8		1.1 TITLE			Change	☐ Addition
	HILL, THOMAS W		1.2 NAME				
	1318 LAFAYETTE STREET			TADDRESS			ļ
			1.4 CITY-S	ST-ZIP		☐ Change	Addition
TITLE			2.1 TITLE			onango	
	4040 LAFAVETTE OTDEET		2.2 NAME	TADDOCCE			
	0.05 0004 51 00004		i	T ADDRESS	يومن بواد ددو		_ 1
			2.4 CITY-5 3.1 TITLE	51-ZIP 1 -		Change	Addition
TITLE			3.2 NAME				1
NAME STREET ADDRESS				TADDRESS			{
CITY-ST-ZIP			3.4. CITY-5	1			
TITLE	□ DELETE		4.1 TITLE			☐ Change	Addition
NAME	•		4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP			
TITLE	E DELETE 5:		5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP		[] Change	Addition
TITLE		☐ DELETE	6.1 TITLE	[☐ Change	Addition)
NAME			6.2 NAME				

CITY-ST-ZIP 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 chapted, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS