

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90036 028 ***158.75

DOCUMENT # P96000083341

1. Corporation Name

WALLSTREET MORTGAGE AND INVESTMENTS, INC.

Principal Place of Business

1401 COPLEY COURT
BOYNTON BEACH FL 33462
US

Mailing Address

1401 COPLEY COURT
BOYNTON BEACH FL 33462
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/04/1996

4. FEI Number

65-0700402

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 owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 1521 Forest Hill Blvd.

Suite, Apt. #, etc.

22 Suite #3

City & State

23 West Palm Beach, FL.

Zip

24 33406

Country

25 USA

2a. Mailing Address

26 1521 Forest Hill Blvd.

Suite, Apt. #, etc.

27 Suite #3

City & State

28 West Palm Beach, FL.

Zip

29 33406

Country

30 USA

9. Name and Address of Current Registered Agent

GARONE, GIL
1401 COPLEY COURT
BOYNTON BEACH FL 33462

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 1521 Forest Hill Blvd.

84 Suite #3

85 City West Palm Beach

FL

86 Zip Code

33406

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	PD	☐ DELETE
NAME	GARONE, GIL	
STREET ADDRESS	1401 COPLEY COURT	
CITY-ST-ZIP	BOYNTON BEACH FL 33462	
TITLE	VST	☐ DELETE
NAME	GARONE, PAULA A	
STREET ADDRESS	1401 COPLEY COURT	
CITY-ST-ZIP	BOYNTON BEACH FL 33462	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	1521 Forest Hill Blvd. Suite #3
1.4 CITY-ST-ZIP	West Palm Beach, FL. 33406
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	1521 Forest Hill Blvd. Suite #3
2.4 CITY-ST-ZIP	West Palm Beach, FL. 33406
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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

Date

Daytime Phone #

CR2E034 (1/1/98)

0953877