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

Mailing Address

P.O. BOX 960876

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business 12956 S.W. 133RD CT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000095679 (2)

RANDY WALLEY ASSOCIATES INC.

12956 S.W. 133RD CT

MIAMI FL 33186

MIAMI FL 33296-0878 MIAMI FL 33186 3. Date Incorporated or Qualified 3a. Date of Last Report 11/22/1996 Applied For 2a. Mailing Address 4. FEI Number Principal Place of Business 65-0709414 Not Applicable 21 26 \$8.75 Additional Suite. Apt. #. etc. Suite, Apl. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name WALLEY, RANDY 12956 S.W. 133RD CT Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33186** B3 Zip Code R4 City 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. (NOTE: Registered Agent signature required when reinstaling Signature, typical or printed name of registered against and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. OFFICERS AND DIRECTORS 13. DELETE ☐ Change Addition THLE 1.1 TITLE WALLEY, RANDY 1.2 NAME NAME 12956 S.W. 133RD CT 1.3 STREET ADDRESS STREET ALIDRESS **MIAMI FL 33186** 1.4 CITY-ST-ZIP CHY-ST-ZIP Addition DELETE Change THLE 2.1 TITLE WALLEY, CAROLYN 2.2 NAME NAME

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4, 2 NAME

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DELETE

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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—15 if changed, or on an attachment with an address.

SIGNATURE:

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MATTHE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 25/97 (305)255-3736

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May 02 1997 8:00am

Secretary of State