

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

FILED
Mar 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #

1. Corporation Name **P97000011044**

WAMBOLD REALTY COMPANY, INC.

Principal Place of Business Mailing Address

890 - 115TH AVENUE
TREASURE ISLAND, FL 33706

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 SAME Suite, Apt. #, etc.		2a. Mailing Address 26 SAME Suite, Apt. #, etc.		3. Date Incorporated or Qualified 2/4/97	
22 City & State 23		27 City & State 28		4. FEI Number 59-3424141 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
24 Zip 25 Country		29 Zip 30 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 25		29 30		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 25		29 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DONALD S. WAMBOLD
890 - 115TH AVENUE
TREASURE ISLAND, FL 33706

10. Name and Address of New Registered Agent

81 Name **DONALD S. WAMBOLD**
82 Street Address (P.O. Box Number is Not Acceptable) **890 - 115th AVENUE**
83
84 City **TREASURE ISLAND** **FL** **85 Zip Code** **33706**

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

Donald S. Wambold

(NOTE: Registered Agent signature required when reinstating)

2/25/98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE P, S, T, D, RA DELETE 2. NAME DONALD S. WAMBOLD 3. STREET ADDRESS 890 - 115TH AVENUE 4. CITY - ST - ZIP TREASURE ISLAND, FL 33706	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5. TITLE S/T DELETE 6. NAME 7. STREET ADDRESS 8. CITY - ST - ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
9. TITLE <input type="checkbox"/> DELETE 10. NAME 11. STREET ADDRESS 12. CITY - ST - ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
13. TITLE <input type="checkbox"/> DELETE 14. NAME 15. STREET ADDRESS 16. CITY - ST - ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
17. TITLE <input type="checkbox"/> DELETE 18. NAME 19. STREET ADDRESS 20. CITY - ST - ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
21. TITLE <input type="checkbox"/> DELETE 22. NAME 23. STREET ADDRESS 24. CITY - ST - ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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.

SIGNATURE:

Donald S. Wambold

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-1-98 *812-363-3473*

Daytime Phone #

CR2E034 (10/97)