03-29-1999 90083 049 \*\*\*150.00

## 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** 

## DOCUMENT # P97000079593

1. Corporation Name

LATIDA ANNE WALKER & ASSOCIATES INC

ENUITA	WALKEN & ACCOUNT		_							
Principal Place	e of Business	Mailing Address						•		
1616 WEST CAI	PE CORAL PKWY. #191	1616 WEST CAPE CORAL PA	KWY. #191							
CAPE CORAL FL 33914 CAPE CORAL FL 33914					İ	DO NOT WRITE IN THIS SPACE				
					!	3. Date Incorporated or Qualified	IIO OF ACE	—	<del></del>	
Ī					l	09/12/1997			į	
		/ On Mailine Address	<del></del>			4. FEI Number		Appl	ied For	
	2. Principal Place of Business 2a. Mailing Address					65-0786419		<u> </u>	Applicable	
21	1   26   Suite, Apt. #, etc.   Suite, Apt. #, etc.					0070700419	\$8.7		ditional	
	#, etc.					5. Certifcate of Status Desired		e Requ		
City & State	<u></u>	City & State			<del></del>	6. Election Campaign Financing	- 65	<u> </u>	lay Be	
23	9	28				Trust Fund Contribution		ded to		
Zip	Country	Zip	Country			8. This corporation owes the current year	Intangible		,	
24	25	·	30 ´			Personal Property Tax.	Yes	δ	(No	
	9. Name and Address of Curren		· ·			10. Name and Address of New Registere	ed Agent			
			81	Nam	ie					
	GHN, TAMARA ESQ		00	C4	-4 4	on (D.O. Boy Number in Not Acceptable)				
1172 SOUTH DIXIE HIGHWAY			82	Stre	at Addres	ss (P.O. Box Number is Not Acceptable)				
SUITE 252			83							
CORAL GABLES FL 33146			84	<u> </u>		-				
				City		· F	EL  85	Zip Co	ode	
agent. I a	m familiar with, and accept the obligation of the state of the second of	tions of, Section 607.0505, Fibric	ua Siaiuies	•		ration submits this statement for the purpose is board of directors. I hereby accept the ap				
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS				
TITLE	PTD	☐ DELETE	1.1 TITLE				☐ Cha	nge	☐ Addition	
NAME	STRAUS, LAURA A		1.2 NAME						j	
STREET ADDRESS	1616 W CAPE CORAL PKWY #	<b>¥191</b>	1.3 STREE	T ADDRE	ŝS	•				
CITY+\$T-ZIP	CAPE CORAL FL 33914		1.4 CITY-5	T-ZIP						
TITLE	VSD	DELETE	2.1 TTLE			-	☐ Cha	.nge	☐ Addition	
NAME	STRAUS, DANIEL		2.2 NAME							
STREET ADDRESS	REET ADDRESS 1616 W CAPE CORAL PKWY #191			T ADORE:	SS				ļ	
CITY-ST-ZIP	CAPE CORAL FL 33914		2. 4 CITY-5	ST-ZIP	1					
TITLE		☐ DELETE	3.1 TITLE				☐ Cha	nge	☐ Addition	
NAME -		The transfer of the control of	3.2 NAME	~		، ئىسمايقا ما سا		-	`•	
STREET ADDRESS			3.3 STREE	T ADDRE	ss					
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP						
TITLE		☐ DELETE	4.1 TITLE				☐ Cha	nge	Addition	
NAME			4. 2 NAME		-					
STREET ADDRESS			4.3 STREE	TADDRE	ss					
CITY-ST-ZIP			4.4 CITY-S	T-ZIP						
TITLE		☐ DELETE	5.1 TITLE				Cha	inge	Addition	
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE	T ADDRE	SS					

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 rustee 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE/

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

OELETE

Change

☐ Addition