


AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90006 009 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																																																																																																																	
DOCUMENT # P98000027426 1. Corporation Name WALSH REAL ESTATE SERVICES, INC.																																																																																																																																																					
Principal Place of Business PLAZA OFFICE BUILDING 2900 14TH ST N SUITE 26 NAPLES FL 34103			Mailing Address PLAZA OFFICE BUILDING 2900 14TH ST N SUITE 26 NAPLES FL 34103																																																																																																																																																		
DO NOT WRITE IN THIS SPACE																																																																																																																																																					
3. Date Incorporated or Qualified 03/23/1998																																																																																																																																																					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29		4. FEI Number 59-3508059 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																																	
9. Name and Address of Current Registered Agent WALSH, THOMAS F PLAZA OFFICE BUILDING 2900 14TH ST N SUITE 26 NAPLES FL 34103			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code																																																																																																																																																		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																																																					
12. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PRESIDENT</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>THOMAS F. WALSH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>525 FAIRWAY TER</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>NAPLES, FL 34103</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TREASURER</td> <td style="text-align: right;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>THOMAS F. WALSH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>525 FAIRWAY TER</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>NAPLES, FL 34103</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SECRETARY</td> <td style="text-align: right;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>THOMAS F. 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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: <u>THOMAS F. WALSH</u> 7/1/99 941-263-5012 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																																																																					

CR2E034 (5/99)