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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #	P98000030666
1. Corporation Name	. 0000000000

RANDALL & WALTERS, INC.

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Principal Place of B	usiness	Mailing	Address						•	•				
8468 ABBINGTON CI	8468 ABBINGTON CIRCLE #2112 NAPLES FL 34108													
NAPLES FL 34108					DO NOT WRITE IN THIS SPACE									
							F	3. Date Incorp	orated or Qualifed					1
							04/01/19						}	
2. Principal Place of	2a. Mail	ing Address					4. FEI Numbe	_			Ap	plied For	1	
2. Principal Place of Business N. # 207		26 88	- 200€ T To 1 N 4200			207	65-0	0824810			No	t Applicable]	
Su, որt. #, etc).		e, Apt. #, etc.	1180.71	,				f Status Desired		•		dditional]
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24 34108	25	29 2	SAIDA	30	1				roperty Tax. Address of New	Posicto			MONIO.	┨
9.	Name and Address of Current	Registered	Agent		81	Name				Register	eu Agen			1
FLORIDA	INCORPORATORS INC.				L	Ro	Na	ld Zoll	<u> Ciewicz</u>		_		m	1
	CKELL AVE., STE. 900				82	Street Ac	ddress	(P.O. Box Nur	nber is Not Accept	table)	#2	03		
MIAMI FL					83		<u> </u>	L Amg	nunce C	17UC		<u> </u>		1
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					84	City 🔨	Sar	les			=	Zip (ode 108	1
11 Pursuant to the	provisions of Sections 607.0502	and 607 15	i08 Florida S	tatutes, the	abov			tion outpolita thi	s statement for th	e purpos	e of chang	ging its	registered	1
office or registe	provisions of Sections 607,0502 gred agent, or both, in the State of filiar with, and accept the obligation	Florida. Su	ich change w	as authoriz	ed by	the corpora	ration's	board of direct	tors. I hereby acc	ept the ap	pointmer	nt as reg	gistered	1
	uliar with, and accept the obligation	ns oi, seci		שומנו א א מאמנו	7	، مربالہ	(310	7						
SIGNATURE / Signati	ure, typed or printed name of registered agent a	nd title if applic		(NOTE: Register				en reinstating)		DATE	_			ءَ ا
12.	OFFICERS AND	DIRECTO		1:	3.		71 -		CHANGES TO O	FFICERS				1 5
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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 furned 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 attachnoon with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

RODALOW. Zolkiewicz

941-593-5372