CO	PROFIT ' RPORATION UAL REPORT 1999		Katheriz Secretary	FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS		FILED  00 1111 14 PM12: 16 05:04-1999 90070 015 ***150.00				
DOCUMENT # P94000065343  WALTERS WAREHOUSES, INC.						SHORE TARY OF STATE THE AHASSEE. FLORIDA				
Principal Place of Business  Tampa, FL.  120 Fifth Avenual Floor New York, NY 10						05-01-1990 DO NOT W	RITE IN THIS S	0070 015 \$1 HIS SPACE		
2. Principal F	Place of Business	2a. 26	Mailing Address			4. FEI Number			plied For at Applicable	
Suite, Apl	#, etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 /	Additional	
City & State City & State					Election Campaign Financin     Trust Fund Contribution	<b>c</b> D	\$5.00 Added	May Be		
Zip 14	Coun		Zip -	Country 30		This corporation owes the c Personal Property Tax.		ngible	<b>X</b> )No	
		iress of Current Regis		B1	Name	10. Name and Address of Nev			4251.40	
;	Langford & H 1715 West Cl Tampa, FL. 3	eveland Stre	et	<b>8</b> 2	Street Addre	ss (P.O. Box Number is Not Acce	plable)			
				84	City			65 Zip (	Code	
		ections 507,0502 and 60 th, in the State of Florid Ceptune obligations at.		s, the above thoused by t da statutes.	-named corpo he corporation	ration submits this statement for the sound of directors. I hereby acc		1 1		
SIGNATURE	Signature, typed or printed gall		applicable. (NOTE: F	s, the above thoused by t da statutes.	•		DATE	nanging its ment as re	registered gistered	
SIGNATURE 12. IIILE	Signature, typed or printed gall	ections 507 0502 and 60 min, in the State of Florid Ceptumy obligations of the control of the co	applicable. (NOTE: F	3. the above thoused by t da Statutes. Registered Agent 13.	named corporation signature required	ADDITIONS/CHANGES TO C	DATE OFFICERS AND	nanging its ment as re	registered gistered	
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SIGNATURE  12.  ITTLE  VAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  VAME  STREET ADDRESS  XIY-ST-ZIP  TITLE	Signature, typied or privated gale	ections 507 0502 and 60 min, in the State of Florid Ceptumy obligations of the control of the co	OSDECADIO GNOTE: F DTORS DELETE	Stine above tholized by to de Statutes.  13. 1.1 TITLE 1.2 NAME 1.3 STREET/ 21 TITLE 22 NAME 23 STREET/	ADDRESS 212	ADDITIONS/CHANGES TO C esident lliam L. Haines O Fifth Avenue w York, NY 10011 cretary chard Sharken O Fifth AVenüell	DATE DEFICERS AND	hanging its ment as rec	registered gistered RS IN 12	
SIGNATURE  12.  ITTLE  JAME  STREET ADDRESS  STY-ST-ZP  TILE  JAME  STYL-ST-ZP  TILE  JAME  STREET ADDRESS  STY-ST-ZP  TILE  JAME  STREET ADDRESS	Signature, typed or printed gla	ections 507 0502 and 60 min, in the State of Florid Ceptumy obligations of the control of the co	DELETE	Syline above thoused by the day beatures.  130 131 1.1 TITLE 1.2 NAME 1.3 STREET / 2 LOTY-ST 2 LOTY-ST 3.1 TITLE 2.3 STREET / 2.4 C/TY-ST 3.1 TITLE 3.2 NAME 3.3 STREET / 3.3 STREET /	ADDRESS 22P Ne	ADDITIONS/CHANGES TO C esident lliam L. Haines O Fifth Avenue w York, NY 10011 cretary chard Sharken O Fifth AVenüell	DATE DEFICERS AND	DIRECTO Change	registered gistered RS IN 12 Addition	
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11. Pursuant office or i agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZP	Signature, typed or printed gla	ections 507 0502 and 60 mt, in the State of Florid Ceptumy obligations of mylamore agent and 184 ms	DELETE	Registered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET/ 1.4 CITY-ST- 2.2 TITLE 2.2 NAME 2.3 STREET/ 3.1 TITLE 3.3 STREET/ 4.4 CITY-ST- 4.1 TITLE 4.2 NAME	ADDRESS 2.12	ADDITIONS/CHANGES TO C esident lliam L. Haines O Fifth Avenue w York, NY 10011 cretary chard Sharken O Fifth AVenüell	DATE DEFICERS AND	DIRECTO Change	registered gistered RS IN 12 Addition Addition	
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14. I heraby certify that the information supplied with this fifth does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this ennuel report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cett; that I am an officer or director of the corposition 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

MONATURE AND TYPED OR PRINTED HAME OF MONING OFFICER OR DIRECTOR

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