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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P98000071559

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris**

04-29-1999 90045 004 ***150.00

WALK O	ON THE WILD SIDE, INC.				
Principal Plac	e of Business	Mailing Address		11001100111001110011100111001110011100111	
629 41ST STREET 629 41ST STREET					
SARASOTA FL 34234 SARASOTA FL 34234			DO NOT WRITE IN TH	C CDACE	
				3. Date Incorporated or Qualifed	S SPACE
				08/14/1998	
2. Principal P	lace of Business	2a. Mailing Address		4 EEI Number	App ied For
11		26		65.0860630	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
27				5. Obtained of States Section	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	Country	Trust Fund Contribution	Added to Fees
Zip	Counity	Zip	Country	This corporation owes the current year Personal Property Tax.	ntangible No
24	9. Name and Address of Curr	29 29	30	10. Name and Address of New Registere	
	5. Name and Address of Curr	ent Registered Agent	81 Name	To. Marine and plants of the second of the s	
BUR	ii, Philip f		20 0: 11	(C.C. D. N. Lee's N. A. Constable)	
629 41ST STREET			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
SAR	ASOTA FL 34234		83		
					7-040
			84 City	F	L 85 Zip Code
SIGNATURE	Signature, typed or printed nar te of registered a	igent ind title if applicable (NOTE	Registered Agent signature rec	u red when reinstating) ADDITICNS/CHANGES TO OFFICERS	ND DIRECTOR'S IN 12
TITLE	D	DELETE	1.1 TITLE	ADDITIC HOLD IN WOLD TO CHI TO CHI	Change Addition
NAME	BURI, PHILIP F		1,2 NAME		
STREET ADDRESS	COO AACT CEDERY		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34234		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BURI, LANA P		2.2 NAME		
STREET ADDRESS	629 41ST STREET		2.3 STREET ADDRESS		·
CITY-ST-ZIP	SARASOTA FL 34234		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	1		3.2 NAME		(
STREET ADDRESS			3.3 STREET AODRESS		
CITY-ST-ZIP		□ DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE		C oligitãe C voginor.
NAME		e e	4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		-
STREET ADDRESS			5 3 STREET ADDRESS		1
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS	1		O O OTDOOT ADDOOT OO		Į.
			6.3 STREET ADDRESS		

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 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 a lighter like empowered.

SIGNATURE: