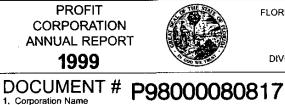
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT** 1999

WHISPER WALK, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90063 042 ***150.00

Principal Place of Business Mailing Address							
19938 WILKINS	19938 WILKINSON RD	•					
TEQUESTA FL		TEQUESTA FL 33469					
					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					09/17/1998		
2. Principal Pl	lace of Business	2a. Mailing Address			1 7 00 310016	pplied For	
21		26				ot Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.				Additional equired	
City & State		City & State			6. Election Campaign Financing \$5.00	May Be	
23		28			Trust Fund Contribution Added to Fees		
Zip Country		Zip Country		try	8. This corporation owes the current year Intangible		
24	25	29	0		Personal Property Tax.	□No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent		
			8	11 Name			
KOLAR, JAMES R			ε	Street A	ress (P.O. Box Number is Not Acceptable)	_	
19938 WILKINSON RD							
1EQ	UESTA FL 33469		8	33			
			8	14 City	85 Zip	Code	
					FL FL FL FL FL FL FL FL	- registered	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State c m familiar with, and accept the obligati	if Florida. Such change was auth	norized t	by the corpor	poration submits this statement for the purpose of changing it ion's board of directors. I hereby accept the appointment as re-	egistered	
SIGNATURE	, , , ,						
SIGNATORIE	Signature, typed or printed name of registered agent			gent signature req	ed when reinstating) DATE		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12	
TITLE	D ·	☐ DELETE	1.1 TITU		Change	Addition {	
NAME	KOLAR, JAMES R		1.2 NAM	E			
STREET ADDRESS	19938 WILKINSON LEAS RD		1.3 STR	EET ADDRESS			
CITY-ST-ZIP	TEQUESTA FL 33469			-ST-ZIP	Change	Addition	
TITLE	D	☐ DELETE	2.1 TITU	E	☐ Change		
NAME	GLISMANN, MICHAEL		2.2 NAM	E			
STREET ADDRESS	19938 WILKINSON LEAS RD		23STR	EET ADDRESS			
CITY-ST-ZIP	TEQUESTA FL 33469			r-ST-ZIP	Change	Addition	
TITLE		☐ DELETE	3.1 1111		☐ Change		
NAME			3.2 NAM			ļ	
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP	[] Change	Addition	
TITLE		☐ DELETE	4.1 TITL		Change		
NAME			4. 2 NAN				
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP				-ST-ZIP	☐ Change	Addition	
TITLE		☐ OELETE	5.1 TITL	I	Change	C Addition	
NAME			5.2 NAM				
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP				-ST-ZIP	FIGham	Addition	
TITLE		☐ DELETE	6.1 TITL		☐ Change	C Addition	
NAME.			6.2 NAM				
STREET ADDRESS				EET ADDRESS			
			H KACITY	- S I - Z IP			

14. 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 all other like empowered.

SIGNATURE: