

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000093571

 Corporation Name WAL-KIT, INC.

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90259 033 ***150.00

| WAL-KIT | , INC. | | | | | | | | |
|--|--|--|---|--|---|---|-----------|-----------------------|-----------------|
| | | | | | | | | | |
| Principal Place | e of Business | Mailing Address | | | | - 3 INDELUCE LEM (MINE INFILE MALE) DESIL ANI | 61 # # | i nd filmt at: | A TREAT MET TEN |
| 1203 SW 83RD | | 1203 SW 83RD AVE | NUE | | | | | | |
| NORTH LAUDERDALE FL 33068 NORTH LAUDERDALE FL 3306 | | | | | | | ′ | | |
| | | | | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | | 3. Date Incorporated or Qualifed | | | |
| | | 1 - NA 9/ A dd | | | | 11/02/1998 4. FEI Number | | | Applied For |
| | lace of Business | 2a. Mailing Address | • | | | 65-0874740 | | | Not Applicable |
| 21 | | Suite, Apt. #, et | | | | 67-00/7/70 | | | Additional |
| Suite, Apt. | #, etc. | — · · | . . | | | 5. Certifcate of Status Desired | | + | Required |
| City & State | | City & State | | | | 6. Election. Campaign Financing | | \$5.0 | 0_May Be |
| 23 | | 28 | | | | Trust Fund Contribution | | | to Fees |
| Zip | Country | Zip | Cou | ıntry | | 8. This corporation owes the current y | ear Intar | ngible | |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. | | ∐Yes | ⊠No |
| | 9. Name and Address of Curren | | | | | 10. Name and Address of New Regis | tered A | gent | |
| | | | | 81 | Name | | | | |
| | LER, LUCKY | | | 82 | Street Addre | ss (P.O. Box Number is Not Acceptable) | | | |
| | 3 SW 83RD AVENUE | | | " | Street Addie | iss (1 .C. Box 14ambox to 14ot / tocopiasio) | | _ | |
| NOR | ITH LAUDERDALE FL 33068 | | | 83 | - | | | | |
| | | | | 84 | 0.1 | | | 85 Zir | Code |
| | | | | 04 | City | | FL | 103 2.1 | / 0000 |
| 11. Pursuant | to the provisions of Sections 607.050 | 2 and 607.1508, Florida | Statutes, the a | bove | -named corpo | ration submits this statement for the purp | ose of c | hanging i | ts registered |
| office or r | egistered agent, or both, in the State of im familiar with, and accept the obligation | of Florida. Such change tions of. Section 607.050 | was authorized)5. Florida Stat | d by Lutes. | the corporation | n's board of directors. I hereby accept the | арропц | ment as | egisiered |
| = | idamidi vilay dija basapi ila banga | | | | | • | | | |
| SIGNATURE | Signature, typed or printed name of registered ager | nt and title if applicable. | (NOTE: Registered | d Agen | t signature required | when reinstating) | ATE | | |
| 12. | | D DIRECTORS | 13 <u>.</u> | | | ADDITIONS/CHANGES TO OFFICE | | | |
| TITLE | D | ☐ DELE | | | | | | Change | Addition |
| NAME | WALLER, LUCKY | | 1.2 N | AME | | | | | Í |
| STREET ADDRESS | | | 1,3 \$1 | TREET | ADDRESS | | | | |
| CITY-ST-ZIP | NORTH LAUDERDALE FL 3306 | | | ITY-\$1 | T-ZIP | | | | e Addition |
| TITLE | | ☐ DELI | ETE 2.1 1Τ | ITLE | ļ | | | | ; Modition |
| NAME | | | 2.2 N | | 1 | | | Change | i i |
| STREET ADDRESS | | | | | Ì | | | Chang | ļ |
| CITY-ST-ZIP | | | 2.3 S | | ADDRESS | | | Chang | ı |
| TITLE | | | 2.40 | TREET | | | | | Addition |
| | | <u> </u> | 2.4C | TREET SITY-S TILE | | | | Change | e ∏ Addition |
| NAME | | (T) DELL | 2.4C ETE - 3.1TC 3.2 N | TREET CITY-S TILE IAME | T-ZIP | - | | | ; ☐ Addition |
| NAME STREET ADDRESS | | Ć DELU | 2.40 ETE - 3.1 TI 3.2 N 3.3 S | TREET CITY-S TILE IAME TREET | T-ZIP | - | | | Addition |
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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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-99

(954) 721-4955

Daytime Phone #