DOCUN 1. Entity Name		0000 8895		Apr 12, 2000 8:00 am
WA	LTON WORLDWID	E DEUELOPA	HENT CO	04-12-2000 90039 042 ***150.00
Principal Place		Mailing Address — 5		
2. Principal Pla	ace of Business	3. Mailing Address		B0058709
_	6 CLASSIC CT		SK CT	DO NOT WRITE IN THIS SPACE
City & State	TWO FL	City & State .	CL	4. FEI Number Applied For Not Applicable
72819	6. Name and Address of Current F	32419 Registered Agent	BA-	5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent
AVET	THER R. LOUV	850	Name	BRUCE E. WALTON M.O.
	N. MAGNOLIA A	ue d'	Street Ad	1006 CLASSIC CT
501	TE 201		City	Zie Code
	NAMPO FL 728			registered agent, or both, in the State of Florida.
SIGNATURE _	Signare Appe of printed name of registered agent an	white M) 	are required when reinstating) 4/4/4/60
	ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOWIII After MAY 1, 2000 Make Check Payable	to Department	50.00 Trust Fund Contribution. Added to Fees
TITLE	DIRECTOR XSECI	LETONE LONG CO.	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PLESIDENT, COO, SECRETORY, TOP Change PAddition
NAME STREET ADDRESS CITY-ST-ZIP	MANCE & WAR	70 32819 08/ANDO FL	STREET ADDRESS CITY-ST-ZIP	NANCY SOLVACION GOOD CHARGE CT 3219
TITLE	BRUCE E WAY	TON Delete	TITLE NAME	BRUCE E. WOLLOW, M.O. Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN &C	DEVANO FL	STREET ADDRESS CITY-ST-ZIP	9006 CHSSICCT ORLYNDD PL. 72819
TITLE		☐ Delete	TITLE	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	•
TITLE NAME	1 m	☐ Delete	TITLE NAME STREET ADDRESS	Change Addition
STREET ADDRESS CITY-ST-ZIP	N / Y /		CITY-ST-ZIP	
NAME STREET ADDRESS	V	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
indicated -	on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address w	true and accurate and that my	signature snail na	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the information ave the same legal effect as if made under oath; that I am an officer or director upter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if ###################################