

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Merthan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S48771 (7)
1. Corporation Name
WALTHIER ENTERPRISES, INC.



Principal Place of Business: **1633 S.E. 47TH TERRACE CAPE CORAL FL 33904 US**
Mailing Address: **POST OFFICE BOX 767 CAPE CORAL FL 33910 US**

3. Date Incorporated or Qualified: **04/26/1991** 3a. Date of Last Report: **03/21/1995**
4. FEI Number: **65-0328022** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **1853 VICTORIA AVE** 2a. Mailing Address: **P.O. BOX 2462**
21. State, Apt. #, etc.: **FL** 26. State, Apt. #, etc.: **FL**
22. City & State: **FT MYERS, FL** 27. City & State: **FT MYERS, FL**
23. ZIP: **33901** 24. Country: **USA** 28. ZIP: **33902** 29. Country: **USA**

9. Name and Address of Current Registered Agent: **PARSONS, WADE H. 1853 VICTORIA AVENUE FORT MYERS FL 33901**
10. Name and Address of New Registered Agent:
81. Name: _____
82. Street Address (P.O. Box Number is Not Acceptable): _____
83. _____
84. City: _____ FL 85. Zip Code: _____

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.1508 Florida Statutes.

SIGNATURE: *Joseph W. Walthier* Date: **2-19-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	<input type="checkbox"/> DELETE	1. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WALTHIER, JOE		2. NAME: _____	
STREET ADDRESS: 1633 SE 47TH TERRACE		3. STREET ADDRESS: _____	
CITY, ST, ZIP: CAPE CORAL FL		4. CITY, ST, ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	5. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		6. NAME: _____	
STREET ADDRESS: _____		7. STREET ADDRESS: _____	
CITY, ST, ZIP: _____		8. CITY, ST, ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	9. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		10. NAME: _____	
STREET ADDRESS: _____		11. STREET ADDRESS: _____	
CITY, ST, ZIP: _____		12. CITY, ST, ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	13. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		14. NAME: _____	
STREET ADDRESS: _____		15. STREET ADDRESS: _____	
CITY, ST, ZIP: _____		16. CITY, ST, ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	17. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		18. NAME: _____	
STREET ADDRESS: _____		19. STREET ADDRESS: _____	
CITY, ST, ZIP: _____		20. CITY, ST, ZIP: _____	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 its receiver or trustee or powered 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.

SIGNATURE: *Joseph W. Walthier* Date: **2-19-96** **813 334 8788**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)