## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** PROFIT FLORIDA DEPARTMENT OF STATE Jan 30 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (8)WALTER G. LATIMER, P.A. Principal Place of Business Mailing Address 1011 IVES DAIRY ROAD 1011 IVES DAIRY ROAD DO NOT WRITE IN THIS SPACE NORTH MIAMI BEACH FL 33179 N MIAMI BEACH FL 33179 US IJS 3. Date Incorporated or Qualified 08/26/1991 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0306053 Not Applicable Suite, Apt. #, etc. Suite, Apt, #, etc. \$8.75 Additional 5. Certificate of Status Desired 210 Fee Required 27 City & State City & State **\$5.00** May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LATIMER, WALTER G. 1011 IVES DAIRY ROAD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE-201 83 NORTH MIAM! BEACH FL 33179 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 observations of, Section 607.0505, Florida Statutes. SIGNATURE DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addi tion TITLE 1.1 TITLE LATIMER, WALTER G. NAME 1.2 NAME 1245 NE 92ND ST 1.3 STREET ADDRESS STREET ADDRESS MIAMI SHORES FL 1,4 CITY-ST-ZIP CITY - ST - ZIP Change DFI ETE TITLE 2.1 TITLE Addition Addition LATIMER, WALTER G. NAME 2.2 NAME 1245 NE 92ND ST 2.3 STREET ADDRESS STREET ADDRESS MIAMI SHORES FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Chan : Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change DELETE \_\_\_ Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE

6,4 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 feether affursive 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 for the analysis of the same legal effect as if made under oath; that I am an officer or director of the corporation or the feether and that my name appears in Block 12 or Block 13 if changed for the same legal effect as if made under oath; that I am an officer or director of the corporation of the feether of the same legal effect as if made under oath; that I am an officer or director of the corporation of the feether of the same legal effect as if made under oath; that I am an officer or director of the corporation of the feether of the same legal effect as if made under oath; that I am an officer or director of the corporation of the feether of the same legal effect as if made under oath; that I am an officer or director of the corporation of the feether of the same legal effect as if made under oath; that I am an officer of the same legal effect as if made under oath; that I am an officer of the same legal effect as if made under oath; that I am an officer of the same legal effect as if made under oath; that I am an officer of the same legal effect as if made under oath; that I am an oath I am officer of the same legal effect as if made under oath I am oa

5,2 NAME

6.1 TITLE

5.3 STREET ADDRESS

**6.3 STREET ADDRESS** 

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

NAME STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

REQUIRED

DELETE

21/98 805) 999-9199

Change

Addition

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