Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # **V30158**

1. Corporation Name

Principal Place of Business

WALCO INVESTMENTS, INC.

2500 HOLLYWOOD BLVD. 2500 HOLLYWOOD BLVD. STE 212 STE 212 HOLLYWOOD FL 33020 DO NOT WRITE IN THIS SPACE HOLLYWOOD FL 33020 3. Date Incorporated or Qualifed 04/17/1992 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 65-0327162 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing  $\square$ Added to Fees 23 28 Trust Fund Contribution Country Zip Country Zip 8. This corporation owes the current year Intangible **⊒**kNo ☐ Yes 30 Personal Property Tax. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MANELLA, ROSS H 82 Street Address (P.O. Box Number is Not Acceptable) 2500 HOLLYWOOD BLVD. **STE 212** 83 HOLLYWOOD FL 33020 Zip Code 84 City 85 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 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition ☐ DELETE Change | 1.1 TITLE TITLE **BELL, PHIL** 1.2 NAME NAME 10155 COLLINS AVE., STE. 604 STREET ADDRESS 1.3 STREET ADDRESS **BLA HARBOUR FL 33154** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 3.1 TITLE TM F 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 6.2 NAME NAME

6.3 STREET ADDRESS

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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

attachment with an address, with all other like empowered

4/30/99 954-925-3355

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May 05, 1999 8:00 am Secretary of State

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