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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1	1996		DIVISIÓN OF CORPORATIONS			
DOCUM 1, Corporation I	MENT # V73	122	(6)			
WALK	ER AND ASSOCIATES.	ATTORNEY	S, P.A.			
Principal Place of	of Rusiness	Mailing	Address		1030141130140004113014004113	
· ·	•	•	O. BOX 1706			
235 MAITLAND AVE. SOUTH SUITE 216		Si	SUITE 2300 ORLANDO FL 32802 US			
MAITLAND FL 32751		-			3. Date incorporated or Qualified	3a. Date of Last Report
US			· · · · · · · · · · · · · · · · · · ·		10/21/1992	05/19/1995
2. Principal Plac	ce of Business	h	niling Address		4. FEI Number 59-3150628	Applied For Not Applicable
21		26	ite, Apt. #, etc.			\$8.75 Additional
Suite, Apt. #	, etc.	27	no, Apr. #, 010.		5. Certificate of Status Desired	Fee Required
City & State			y & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	29 Zip)	Country 30	This corporation has liability for in Florida Statutes	
24	9, Name and Address of Cu		ed Agent	[30]	10. Name and Address of New R	
				81 Name		
WALKER, BERRY J. B2 Street A					ress (P.O. Box Number is Not Acceptab	le)
235 MAITLAND AVE. SOUTH				-		
SUITE				83		
MAITL	AND FL 32751			84 City		85 Zip Code
11 Pursuant to	the provisions of Sections 607.	0502 and 607.1	508. Florida Statutes	s, the above-named corpor	ration submits this statement for the pur	nose of changing its registered office
or registere	ed agent, or both, in the State of h, and accept the obligations of,	Florida. Such ch	iange was authorize	d by the corporation's boar	rd of directors. Thereby accept the appoint	on the transfer of agent. Fam.
SIGNATURE &	Barred 4VC	elh	(んま	BERRY J. WA	ALKER, JR -	3/15/96
SIGNATORE S		agent and title if applic			of when reinstating) */ ADDITIONS/CHANGES TO OFF	MATE
12.	D	S AND DIRECTO	DELETE	13. 1.1 TITLÉ	ADDITIONS/CHANGES TO OFF	Change Addition
NAME	WALKER, BERRY J., JI	₹.		1.2 NAME		
STREET ADDRESS	235 MAITLAND AVE. S	 OUTH, #216		1.3 STREET ADDRESS		
CITY - ST - ZIP	MAITLAND FL			1.4 CITY - ST - ZIP		
TITLE			DELETE	2. 1 TITLE		☐ Change ☐ Addition
NAME				2 2 NAME		
STREET ADDRESS				2.3 STREET ADDRESS		
CITY-ST-ZIP			DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
TITLE NAME				3.2 NAME		
STREET ADDRESS				3.3. STREET ADDRESS		
CITY-ST-ZIP				3.4 CITY-ST-ZIP		
TITLE			☐ DELETE	4 1 TITLE		Change Addition
NAME				4 2 NAME		
STREET ADDRESS				4.3 STREET ADDRESS		
CITY-ST-ZIP			DELETE	4.4 CITY - ST - ZIP 5. 1 TITLE		☐ Change ☐ Addition
TITLE			L_ Detert	5.2 NAME		
NAME STREET ADDRESS				5.3 STREET ADDRESS		
CITY-ST-ZIP				5 4 CITY-ST-ZIP		
TITLE			☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME				6.2 NAME		
STREET ADDRESS				6.3 STREET ADDRESS		
CITY_ST_7IP				6 4 City - St - ZiP		

14. Ido 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 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.

SIGNATURE: 🕰

NAME OF SIGNING OFFICER OR DIRECTOR