

DOCUMENT # PY8000101519

1. Entity Name

M.A. WALER & ASSOCIATES, INC.

Principal Place of Business

6947 BEACON HOLLOW TURN
BOYNTON BEACH FL 33437

Mailing Address

6947 BEACON HOLLOW TURN
BOYNTON BEACH FL 33437-3623

2. Principal Place of Business

213 TANGLEWOOD WAY

3. Mailing Address

213 TANGLEWOOD WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HARLEYSVILLE PA.

City & State

HARLEYSVILLE, PA.

4. FEI Number

65-0876884

Applied For

Not Applicable

Zip

19438

Country

US

Zip

19438

Country

US.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALKER, MARK A
6947 BEACON HOLLOW TURN
BOYNTON BEACH FL 33437

7. Name and Address of New Registered Agent

Name: PAT DEWEESE
Street Address (P.O. Box Number is Not Acceptable): 6866 S.E. BUNKER HILL DRIVE
City: HOBE SOUND FL Zip Code: 33455

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: *Mark A. Waler* (PRESIDENT)

DATE: 1-12-2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
DP	WALKER, MARK A	6947 BEACON HOLLOW TURN	BOYNTON BEACH FL 33437	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PRESIDENT	WALKER, MARK A.	213 TANGLEWOOD WAY	HARLEYSVILLE, PA. 19438	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mark A. Waler*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 1-12-2000 DAYTIME PHONE #: 1-215-364-2921



DO NOT WRITE IN THIS SPACE

FILED
Apr 27, 2000 8:00 am
Secretary of State

01-24-2000 90062 031 ***150.00

CR2E034 (9/99)