

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F93000003823 (2)

1. Corporation Name
WALNUT STREET ADVISERS, INC.



Principal Place of Business Mailing Address
P.O. BOX 46905 ST. LOUIS MO 63146 **P.O. BOX 46905 ST. LOUIS MO 63146**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	670 MASON Ridge CIR	26	670 MASON Ridge CIR	08/23/1993	06/21/1995
Suite, Apt #, etc.		Suite, Apt #, etc.		4. FEI Number	Applied For
22		27		43-1618558	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	63111	25			
29	63111	30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	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 re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLZENSKI, BERNARD H	12 NAME	
STREET ADDRESS	1801 PARK 270 DR., SUITE 220	13 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	CD	21 TITLE	
NAME	NICHOLSON, TIMOTHY C	22 NAME	
STREET ADDRESS	1801 PARK 270 DR., SUITE 220	23 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	P	31 TITLE	
NAME	LORKO, RENE' C	32 NAME	
STREET ADDRESS	1801 PARK 270 DR., SUITE 220	33 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V	41 TITLE	
NAME	WULLER, DON P	42 NAME	
STREET ADDRESS	1801 PARK 270 DR., SUITE 220	43 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO 63146	44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S	51 TITLE	
NAME	SVETANICS, MILTON F JR	52 NAME	
STREET ADDRESS	1801 PARK 270 DR., SUITE 220	53 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO 63146	54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	61 TITLE	
NAME	RUBENSTEIN, LEONARD	62 NAME	
STREET ADDRESS	1801 PARK 270 DR., SUITE 220	63 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Don P. Wuller 6/14/96
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)