

**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. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P17983 (8)**

1. Corporation Name
WALNUT STREET SECUTITIES, INC.



Principal Place of Business: **1801 PARK 270 DR. STE 220
PO BOX 46902
ST LOUIS, MO 63146**

Mailing Address: **1801 PARK 270 DR. STE 220
PO BOX 46902
ST LOUIS, MO 63146**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
670 MASON Ridge (TR DR)					670 MASON Ridge (TR DR)				
Suite, Apt. #, etc					Suite, Apt. #, etc				
SUITE 300					SUITE 300				
City & State					City & State				
Zip					Zip				
63141					63141				
Country					Country				

3. Date Incorporated or Qualified	3a. Date of Last Report
02/11/1988	06/15/1995
4. FEI Number	Applied For
43-1333368	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
				FL			

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 _____
Signature of registered agent, officer, director, or the corporation (if the registered agent is a corporation, the signature of the president or secretary)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD NICHOLSON, TIMOTHY C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4 COUNTRY ESTATES	1.2 NAME	
STREET ADDRESS	ST LOUIS MO	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	V WULLER, DON P.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1729 SHILOH RIDGE	2.2 NAME	
STREET ADDRESS	ST LOUIS MO	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	PD LORIO, RENE C.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1495 FOREST VIEW	3.2 NAME	
STREET ADDRESS	ST. LOUIS MO	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	S MCCAULEY, MATTHEW P	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6600 PERSHING	4.2 NAME	
STREET ADDRESS	ST. LOUIS MO	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	TD RUBENSTEIN, LEONARD M.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	105 BON CHATEAU	5.2 NAME	
STREET ADDRESS	ST. LOUIS MO	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	D WOLZENSKI, BERNARD H	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700 MARKET	6.2 NAME	
STREET ADDRESS	ST LOUIS MO	6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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)