


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jun 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 364206 (3)
 1. Corporation Name
WALTCO, INC.



Principal Place of Business C/O W. A. LITTLE 13086 ZAMBRANA CORAL GABLES FL 33156	Mailing Address C/O W. A. LITTLE 13086 ZAMBRANA CORAL GABLES FL 33156-6440
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2. Principal Place of Business C/O R.A. Little 5934 N.E. 65th St. Suite, Apt. #, etc. Silver Springs, FL City & State 34488 Zip USA Country	2a. Mailing Address C/O R.A. Little 5934 N.E. 65th St. Suite, Apt. #, etc. Silver Springs, FL City & State 34488 Zip U.S.A. Country
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3. Date Incorporated or Qualified 06/29/1984	3a. Date of Last Report 05/01/1996
4. FEI Number 73-6501846	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LITTLE, WILLIAM A. 13086 ZAMBRANA STREET CORAL GABLES FL	10. Name and Address of New Registered Agent Robert A. Little 5934 N.E. 65th St. Silver Springs, FL 34488
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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 Robert A. Little Robert A. Little 5/23/97
 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	LITTLE, WILLIAM A 13086 ZAMBRANA STREET CORAL GABLES FL	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LITTLE, WILLIAM A	13086 ZAMBRANA STREET	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 13086 ZAMBRANA STREET	CORAL GABLES FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP CORAL GABLES FL	34488	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PD	Robert A. Little 5934 N.E. 65th St. Silver Springs, FL 34488	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Robert A. Little	5934 N.E. 65th St.	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 5934 N.E. 65th St.	Silver Springs, FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP Silver Springs, FL	34488	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD	Barbara A. Little 16715 S.W. 82nd Ct. Miami, FL 33157	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Barbara A. Little	16715 S.W. 82nd Ct.	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 16715 S.W. 82nd Ct.	Miami, FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP Miami, FL	33157	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do 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 Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (9/96)