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**Mar 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 623056 (9)

1. Corporation Name
WALKILL INVESTMENTS, INC.



Principal Place of Business: **4400 PGA BLVD #303 PALM BCH GRDNS FL 33410**

Mailing Address: **4400 PGA BLVD #303 PALM BCH GRDNS FL 33410-6572**

3. Date Incorporated or Qualified: **05/25/1979**

3a. Date of Last Report: **03/26/1996**

2. Principal Place of Business

21. State, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Country

4. FEI Number: **59-1846775**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**JORDAN, EMORY C III
415 2ND AVENUE NORTH
LAKE WORTH, FL
33460**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE: **VST** DELETE

NAME: **JORDAN, EMORY C**

STREET ADDRESS: **415 2ND AVENUE NORTH**

CITY- ST- ZIP: **LAKE WORTH FL**

TITLE: DELETE

NAME: **FISCHER, DAVID C**

STREET ADDRESS: **4400 PGA BLVD - SUITE #303**

CITY- ST- ZIP: **PALM BEACH GARDENS FL**

TITLE: DELETE

NAME:

STREET ADDRESS:

CITY- ST- ZIP:

TITLE: DELETE

NAME:

STREET ADDRESS:

CITY- ST- ZIP:

TITLE: DELETE

NAME:

STREET ADDRESS:

CITY- ST- ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

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.

SIGNATURE:  **03/21/97** **626-8888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (9/96)