

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F97000003459 (1)

1. Corporation Name
THE WALKING COMPANY

Principal Place of Business
4483 MCGRATH STREET, STE. 103
VENTURA CA 93303

Mailing Address
4483 MCGRATH STREET, STE. 103
VENTURA CA 93303



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 The Walking Company		07/02/1997	
22 City & State		27 9349 Oso Ave		4. FEI Number	
23 Zip		28 Chatsworth CA		33-0478225	
24 Country		29 91311		Applied For	
		30 Los Angeles		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 owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CEO	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ARGYROPOULOS, JAMES P			1.2 NAME			
STREET ADDRESS	370 HOT SPRINGS ROAD			1.3 STREET ADDRESS			
CITY-ST-ZIP	MONTECITO CA 93108			1.4 CITY-ST-ZIP			
TITLE	COO	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ADLER, STEVE			2.2 NAME			
STREET ADDRESS	18759 HATTERAS STREET #24			2.3 STREET ADDRESS			
CITY-ST-ZIP	TARZANA CA 91356			2.4 CITY-ST-ZIP			
TITLE	CFO	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	TEEMAN, STEVE			3.2 NAME			
STREET ADDRESS	23133 CERCA DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	VALENCIA CA 91354			3.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ORENLEY, MICHAEL			4.2 NAME			
STREET ADDRESS	23110 PARK TERRA			4.3 STREET ADDRESS			
CITY-ST-ZIP	CALABASAS CA 91302			4.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MADDERN, DOUG			5.2 NAME			
STREET ADDRESS	5 HIGH VIEW LANE			5.3 STREET ADDRESS			
CITY-ST-ZIP	SHERMAN CT 06784			5.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KUPERTSEIN, PATRICIA			6.2 NAME			
STREET ADDRESS	70-101 COBB ROAD			6.3 STREET ADDRESS			
CITY-ST-ZIP	RANCHO MIRAGE CA 92270			6.4 CITY-ST-ZIP			

14. 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 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: _____ Roy Pierce CFO 4/29/98 818-709-7700

CR2E034 (10/97)