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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F9700003459**1. Corporation Name

THE WALKING COMPANY

f				
Principal Place of Business	Mailing Address			
4483 MCGRATH STREET. STE. 103 VENTURA CA 93303	9349 OSO AVENUE CHATSWORTH CA 91311			

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90034 005 ***158.75



								DARO KAN DIGOI	ilita irii taal
Principal Place of Business Mailing Address									
4483 MCGRATH STREET. STE. 103 9349 OSO AVENUE CHATSWORTH CA 91311					DO NOT WRITE IN THIS SPACE				
		US			3	Date Incorporated or Qualifed			
					"	07/02/1997			ļ
2 Defendant D	land of Divisional	2a. Mailing Address			_ 4	. FEI Number		- An	plied For
— Gài	ace of Business	⊢ • • • • • • • • • • • • • • • • • • •			"	33-0478225		<u> </u>	t Applicable
21 Y 3	1-1 USO 17VC	Suite, Apt. #, etc.				30 04/0223	~_	\$8.75	
Suite, Apt.	#, etc.	\vdash			5.	. Certifcate of Status Desired	×	Fee Re	•
City & State		City & State				Election Campaign Financing		\$5.00	May Be
City & State City & State 23 Chartsworth CA 28					"	Trust Fund Contribution		Added '	
Zin	Country _ ^	Zip	Country		8.	. This corporation owes the cur	rent year Int	angible	_
24 913	5 () 25 () SA	29 30]		1	Personal Property Tax.		Yes	□No
	9. Name and Address of Current		<u> </u>		· 10	. Name and Address of New	Registered	Agent	
			81	Name					ļ
	CORPORATION SYSTEM		82	Street /	Address (I	P.O. Box Number is Not Accept	able)		
	SOUTH PINE ISLAND ROAD		02	L	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
PLAN	NTATION FL 33324		83						
			84	City			FL	85 Zip	Code
44 6	to the provisions of Sections 607.0502	and 607 1508 Florida Statutes	the above	a-named (corporatio	on submits this statement for the	nurnose of	changing its	registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was autho	onzed by	the corpo	oration's b	oard of directors. I hereby acce	pt the appoi	intment as re	gistered
SIGNATURE							DATE		—— ì
	Signature, typed or printed name of registered agent		13.	it signature re	required when	ADDITIONS/CHANGES TO O		ND DIRECTO	ORS IN 12
12.	OFFICERS AND	DELETE	1.1 TITLE	1	Τ	7,0071101107011111020113 01	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	Addition
TITLE	CEOD	_ occere	1.2 NAME						_
NAME	ARGYROPOULOS, JAMES P			ADDDECC					
STREET ADDRESS	370 HOT SPRINGS ROAD		1.3 STREE	- 1					
CITY-ST-ZIP	MONTECITO CA 93108	☐ DELETE	1.4 CITY-S 2.1 TITLE	I-ZIP	-			Change	☐ Addition
TITLE	COOS	□ occeie						~	
NAME	ADLER, STEVE		2.2 NAME		1,,,,	2 Porter Lane			
STREET ADDRESS	18759 HATTERAS STREET #24			ADDRESS	21.00	mosa Beach	_ ~ ~	9135	.,
CITY-ST-ZIP	TARZANA CA 91356	□ BELETE	2.4 CITY-S	T-ZIP	H-EI	mosa beach	1,CH	Change	
TITLE	CFO .	☐ DELETE	3.1 TITLE						
NAME	PIERCE, ROY		3.2 NAME	-					
STREET ADDRESS	1420 RAMBLING ROAD			FADDRESS					
CITY-ST-ZIP	SIMI VALLEY CA 93065	· · · · · · · · · · · · · · · · · · ·	3.4. CITY-5	T-ZIP	 			☐ Change	Addition
TITLE	V	☐ DELETE	4.1 TITLE						
NAME	GRENLEY, MICHAEL		4. 2 NAME						`
STREET ADDRESS			4.3 STREE	FADDRESS					ł
CITY-ST-ZIP	CALABASAS CA 91302		4.4 CITY-S	T-ZIP	ļ			Псь	Addition
TITLE	V	DELETE	5.1 TITLE					☐ Change	☐ Addition
NAME	MADDERN, DOUG	·	5.2 NAME	ļ					
STREET ADDRESS	5 HIGH VIEW LANE			ADDRESS	}	•			
CITY-ST-ZIP	SHERMAN CT 06784		54 CITY-S	T-ZIP					
TITLE	V	▼ OELETE	61 TITLE					Change	Addition
NAME	KUPERTSEIN, PATRICIA	/	6.2 NAME						ļ
STREET ADDRESS			6.3 STREE	TADDRESS	-				j
CITY-ST-ZIP	RANCHO MIRAGE CA 92270		6.4 CITY-S	T-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 suppliemental 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 eddress, with all other like empowered.

SIGNATURE:

E OF SIGNING OFFICER OR DIRECTOR