

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

FILED
Jun 11 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 # H50833 (3)
 1. Corporation Name
WALTER TRANSPORT CORPORATION



Principal Place of Business 6042 LAKE WORTH RD 9179 HOYLAK RD. LAKE WORTH FL 33463 US	Mailing Address 6042 LAKE WORTH RD 9179 HOYLAK RD. LAKE WORTH FL 33463-4267 US
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3. Date Incorporated or Qualified 04/05/1985	3a. Date of Last Report 02/09/1996
4. FEI Number 59-2531227	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	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip Country	26. Zip Country

9. Name and Address of Current Registered Agent CARMONA, WALTER PEDRO CARMONA, NORMA 3179 HOYLAK RD. LAKE WROTH FL 33467	10. Name and Address of New Registered Agent 81 Name WALTER TRANSPORT CORPORATION 82 Street Address (P.O. Box Number is Not Acceptable) 2121 SOUTH MILITARY TRAIL 83 84 City WEST PALM BEACH FL 85 Zip Code 33415
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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 *[Signature]* DATE **6-6-97**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	VP	<input type="checkbox"/>
NAME	CARMONA, WALTER PEDRO	
STREET ADDRESS	3179 HOYLAK RD. 7881 RISSE BEACH CT	
CITY-ST-ZIP	LAKE WORTH FL 33467 LAKE WORTH FL 33467	
TITLE	P	<input type="checkbox"/>
NAME	CARMONA, NORMA	
STREET ADDRESS	3179 HOYLAK RD. 7881 RISSE BEACH CT	
CITY-ST-ZIP	LAKE WORTH FL 33467 LAKE WORTH FL 33467	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 *[Signature]* DATE **6/22/97**

CR2E034 (9/96)