ANNU	PROFIT PORATION AL REPORT 1996	Sandra Secret	RTMENT OF STATE B. Mortham ary of State CORPORATIONS			
DOCUMENT # K71592 (5)						
•	WALKER ENTERPRISES, I	NC.		I TRAINERS AND TARAN TARAN AND A TRAINERS		I I SINI SINI SI
Principal Place	of Pusinoss	Mailing Address				
372 CLARID		372 CLARIDGE STRE SATELLITE BEACH F				
				 Date Incorporated or Qualified 03/06/1989 	3a. Date of Last R 03/17/1	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2947807		Applied For
Suite, Apt. #	etc.	26 Suite, Apt. #, etc.		5, Certificate of Status Desired	\$8.75	Not Applicable Additional
City & State		27 City & State		6. Election Campaign Financing	Fee 1	Required O May Be
210 Zip	Country	28 Zip	Country	Trust Fund Contribution	L.J Adde	d to Fees
24	25	29	30	 This corporation has liability for in Florida Statutes X Yes 	∐ No	199.032,
	9, Name and Address of Curren	nt Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
	r, William T.			ress (P.O. Box Number is Not Acceptable	1	
	ARIDGE STREET		83		······································	
SATELL	ITE BEACH FL 32937			· · · · · · · · · · · · · · · · · · ·		
			84 City			p Code
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the above named corpor	ration submits this statement for the purp	ose of changing its r	registered office
or registere familiar with SIGNATURE	b the provisions of Sections 607.0502 cd agent, or both, in the State of Florit n, and accept the obligations of, Secti Signalure, typed or einted name of registeriard agent OFFICERS AND	ta. Such change was authorize ion 607.0506, Florida Statutes and Misur applicable (NO	ed by the corporation's boa	and of directors. I hereby accept the appoi	DATE	i agent. I am
or registere familiar with SIGNATURE	or agent, or both, in the State of Horie n, and accept the obligations of, Section Sprakure, typed or printed name of registerial agent OFFICERS AND PD	ta. Such change was authorize ion 607.0506, Florida Statutes and Misur applicable (NO	TF: Registerio J Agusti signature require 13. 1.1 THLE	and of directors. Thereby accept the appoi	DATE	i agent. I am
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