

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

FILED

Jan 27 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 # L34656 (3)

1. Corporation Name
WALKABOUT COMPUTERS, INC.

Principal Place of Business 2655 NORTH OCEAN DRIVE SUITE 403 SINGER ISLAND FL 33404 US	Mailing Address 2655 NORTH OCENA DRIVE SUITE 403 SINGER ISLAND FL 33404-4751 US
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2. Principal Place of Business 21 2655 NORTH OCEAN DRIVE Suite, Apt. #, etc. 22 SUITE 510 City & State 23 SINGER ISLAND, FL Zip 24 33404 Country 25 US	2a. Mailing Address 26 2655 NORTH OCEAN DRIVE Suite, Apt. #, etc. 27 SUITE 510 City & State 28 SINGER ISLAND, FL Zip 29 33404-4751 Country 30 US
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3. Date Incorporated or Qualified 12/04/1989	3a. Date of Last Report 07/24/1996
4. FEI Number 65-0162070	Applied For 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
HART, WILLIAM B.
731 HAWTHORNE DR
LAKE PARK FL 33403

10. Name and Address of New Registered Agent 81 Name HART, WILLIAM B. 82 Street Address (P.O. Box Number is Not Acceptable) 1149 N. HARBOR DRIVE 83 84 City SINGER ISLAND FL 85 Zip Code 33404

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 reinstalling) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, WILLIAM B.	1.2 NAME	
STREET ADDRESS	731 HAWTHORNE DR.	1.3 STREET ADDRESS	1149 N. HARBOR DRIVE
CITY-ST-ZIP	LAKE PARK FL	1.4 CITY-ST-ZIP	SINGER ISLAND, FL
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGDAHL PER O	2.2 NAME	
STREET ADDRESS	4416 FUCHSIA CIR	2.3 STREET ADDRESS	737 ARDMORE ROAD
CITY-ST-ZIP	PALM BCH GDNS FL	2.4 CITY-ST-ZIP	WEST PALM BCH, FL
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWERANCE PETROSKY JR	3.2 NAME	LAWRENCE PETROSKY, JR.
STREET ADDRESS	3646 SW SUNSET TRACE CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAISLEY, DONALD	4.2 NAME	
STREET ADDRESS	1189 E. COLLEGE AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WESTERVILLE OH	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:  WILLIAM B. HART 1/17/97 (561) 881-9050

CR2E034 (9/96)