

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Aug 06 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 # P12747 (2)
 1. Corporation Name
THE WALLET WORKS, INC.

Principal Place of Business 735 SOUTH MAIN STREET WEST BEND WI 53095 US	Mailing Address P. O. BOX 1990 WEST BEND WI 53095 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/31/1986		3a. Date of Last Report 05/01/1996	
4. FEI Number 39-1568309		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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

2. Principal Place of Business 21	2a. Mailing Address 26 PO Box 23994
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 Milwaukee WI
24 Zip Country	29 53223-0994 Milwaukee

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLOWIK, LAWRENCE	1.2 NAME	
STREET ADDRESS	735 S MAIN STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST BEND WI	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAGAN, RICHARD D.	2.2 NAME	
STREET ADDRESS	123 DEER RIDGE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST BEND WI	2.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENDERGAST, JOHN M.	3.2 NAME	
STREET ADDRESS	6919 SUSAN LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	CEDARBURG WI	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLER, THOMAS D	4.2 NAME	
STREET ADDRESS	735 S MAIN STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST BEND WI	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, ROBERT P.	5.2 NAME	
STREET ADDRESS	GREY LOCK OME FEDERAL ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, MICHAEL C.	6.2 NAME	
STREET ADDRESS	JH WHITNEY & CO 630 FIFTH AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	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)(j), 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: *[Handwritten Signature]* 7/23/97

CR2E034 (4/97)