## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT • ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P930000111187 (U)  1. Corporation Name WALK ON IT, INC.  Principal Place of Business Mailing Address					
C/O FREDERICK C. KRAMER 950 NORTH COLLIER BLVD., SUITE 201 MARCO ISLAND FL 38937		C/O FREDERICK C. KRAMER 550 NORTH COLLIER BLVD., SUITE 201 MARCO ISLAND FL-83937		2. Data be accepted as Auglified. 12a. Data of Last Daniel.	
				3. Date Incorporated or Qualified 02/12/1993	3a. Date of Last Report 04/03/1995
2. Principal Pa	on of Business 2- E. TAINIAMI TR.	2a. Mailing Address 26 //552 E. 7/	Amiani Tr	4. FEI Number 65-0387568	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	les FIA	28 DAP 125 P	C/A	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 3390	V 25 Collier	29 23962	Country 30 Collier	8. This corporation has liability to Florida Statutes	r intangible tax under s 199.032, is \[ \] No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New	Registered Agent
KRAMER	R, FREDERICK C		81 Name	Walk OA	I Tamny Jonan
	RTH COLLIER BLVD.		82 Street Addre	ess (P.O. Box Number is Not Accepta	
	1SLAND FL 33937		83	Nacher Cla	76. 5016
			84 City	NAPIES FIA	<b>85</b> Z <u>ip Co</u> de
					FL 33962-
or register	o the provisions of Sections 607,0502 a ad agent, or both, in the State of Florida	<ul> <li>Such change was authorize</li> </ul>			
1	h, and accept the biligations of Section	1 607.0505, Florida Statutes.	1 - 0	<b>1</b>	4/20/96
SIGNATURE	Agriculare, typed of printed name of registered egin, an	u lide if applicable (NO)	i: Registered Agent synature required	d when reinstating)	DATE
12.	OFFICERS AND		13. U	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition
TOLE	TOOMAN JULA, TAMMY L	[]] DELETE	1. 1 TITLE		Change Addition
NAME STREET ADDRESS	1747 BEVERLY DR.		1.2 NAME 1.3 STREET ADDRESS		8
CITY - ST - ZIP	NAPLES FL 33962		1.4 CHY-ST-ZIP		조
TITLE	\$	DELETE	2.1 TITLE		Change Addition
NAME	TOOMAN JULA, TAMMY L		2.2 NAME		
STREET ADDRESS	1747 BEVERLY DR.		2.3 STREET ADDRESS		
CITY - ST - ZIP	NAPLES FL 33962		2.4 CHY-ST-ZIF		**************************************
Title	TOOMAN JULA, TAMMY L	[]] DELETE	3.1 TITLE · · ·		Change Addition
NAME STREET ADDRESS	1747 BEVERLY DR.		3.2 NAME		
CHY-ST-ZIP	NAPLES FL 33962		3.3 STREET ADDRESS 3.4 CITY-S1-ZIP		
TITLE		DELETE	4.1 TILE		Change Addition
NAME		<u></u>	4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY~\$1 - 7 P		
TITLE		[]] DELETE	5 1 TRILE		Change Addition
NAME			5.2 NAME !	0000018 -05/23/9601	37460
STREET ADDRESS			5 3 STREET ADDRESS	-05/23/9601	080034
CHY-ST-ZIP TITLE		[] DELETE	5.4 CITY - ST - ZP	***200.00	Change Addition
NAME		C") berete	6 1 TITLE 62 NAME		Change L. Manton
STREET ADDRESS			6.3 STREET ADDRESS		2/1
C/TY+ST+ZIP			6.4 CITY - ST - ZIP		. >
******************************	v certify that the information supplied wi	th this fling is voluntarily fumi		or the exemption stated in Section 11	9.07(3)(k). Florida Statutes, I further

root natery certify that the information indicated on this annual report is 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: >