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

CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000029826 (3) DOCUMENT #
1. Corporation Name

WALKER PRINTING ENTERPRISES, INC.

Principal Place of Business Mailing Address 501 N ORLANDO AVE 501 N ORLANDO AVE SUME 215 SUITE 215 WINTER PARK FL 32789 DO NOT WRITE IN THIS SPACE WINTER PARK FL 32789 3. Date Incorporated or Qualified 04/19/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3176129 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Žip Country Ζip Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. 🛕 Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WALKER, STEVEN J 2254 BLOSSOMWOOD DR. 82 Street Address (P.O. Box Number is Not Acceptable) OVIEDO FL 32765 **B3** 84 Zip Code 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 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, typed or pointed narroy of registered agent and title if applicable (NOTI : Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 __ DELET**e** TITLE 1.1 TITLE Change Addition WALKER, STEVEN J NAME 1.2 NAME 2254 BLOSSOMWOOD DR. STREET ADDRESS 1.3 STREET ADDRESS OVIEDO FL 32765 CITY-\$T-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ■ Addition TITLE 51 TITLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. I 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.

FILED

May 05 1998 8:00am

Secretary of State