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

PROFIT
CORPORATION
ANNUAL REPORT

1997

STREET ADDRESS



FLORIDA DEPARTMENT

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000023917 (5)

WALKER PRIVATE COACH, INC.

TIPLINE!	FRIVATE COACT, INC.					
Principal Plac	e of Business	Mailing Address				MUNICU ELIBORA TOTTO (MINE) ARBER 1000 1001
211 W. PALMETTO ST ARCADIA FL 34266 US		211 WEST PALMETTO ST ARCADIA FL 34266-3815 US				
					3. Date Incorporated or Qualified 03/29/1994	3a. Date of Last Report 09/30/1996
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26 Suite. Apt. #. etc. Suite. Apt. #. etc.					65-0478288	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #. etc. 27		<u>├</u> 1			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State			City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	/	8. This corporation has liability for it	
24	25		30			Yes No
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Re	gistered Agent
JONES, ESQ., PHILIP			01	Ivaine		
18501 MURDOCK CIRCLE			82	Street Ad	doress (P.O. Box Number is Not Acceptab	le)
	T CHARLOTTE FL 33948		83			
ron F	OTPHILOTIL TE 30040		<u> </u>			
•			84	City		FL 85 Zip Code
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Fingstared Agent signature required when reinstating). DATE						
12.	Signature, typed or printed name of registered age: OFFICERS AND		fingistered Ag	ect signature re	quired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE SERS AND DIRECTORS IN 12
TITLE	P DELETE		1.1 TITLE		ADDITIONS/OFFANGES TO OFFICE	Change Addition
NAME	SAMUEL WALKER, JAMES		1.2 NAME			-
STREET ADDRESS	211 W. PALMETTO ST		1.3 STREE	I ADDRESS		
CITY-ST-ZIP	ARCADIA FL 34266		1.4 CITY- S	ST-ZIP		
TITLE	The state of the s		2.1 TITLE			Change Addition
NAME	DANIELS, SR., RODNEY E		2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			ţ
CITY-ST-ZIP TITLE	ARCADIA FL 34266		2. 4 CITY-ST-ZIP 3 1 TITLE			Change Addition
NAME	Elizabeth A. Carsle 4051 SECR 760	M	3.2 NAME			
STREET ADDRESS	Arcadia, FL 3426	<i>t.</i>	3.3 STREET	T ADDRESS		
CITY-ST-ZIP	UA CHOIN' LE GACOR		3.4. CITY-ST-ZIP			
TITLE	☐ DELETE		4 1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	r address		
CITY-ST-ZIP	T prices		4.4 CITY - S	ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME CORET ADDRESS	:		5.2 NAME	, ACCORDEGE		
STREET ADDRESS City-St-Zap			5.3 STREE	I ADDRESS		
TITLE		☐ DELETE	6.1 TITLE	31 - EIF		Change Addition
\$14 k at:	+ 1%		S 2 NAME	1		

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.

6.3 STREET ADDRESS 6.4 C(1) - S1 - ZIP

EDWARD HILL

5/29/9-

FILED

Jun 03 1997 8:00am

Secretary of State