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

 PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

P94000068860 (3)

G. J. WALKER MICRO-TECH, INC.



Principal Place of Business Mailing Address 2775 N.W. 183RD STREET 2775 N.W. 183RD STREET							
MIAMI FL 33	066	MIAMI FL 33056	MIAMI FL 33056		3. Date Incorporated or Qualified 3a. Date of Last Report 09/20/1994 08/23/1995		
2. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number	I	Applied For
1		26	,, , ,				Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	75 Additional se Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
Zip	Country	Zφ	Countr	У	B. This corporation has liability for		rs 199.032,
24	25 29		30				
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New F	tegistered Agent	,
			81	Name			
	r, gwendolyn j W. 183RD street		83	Street Add	ress (P.O. Box Number is Not Acceptable)		
	L 33056		83	3			
			84	1 City		- 85	Zip Code
		.,		<u> </u>	ration submits this statement for the pu	FL [1]	
12.	OFFICERS ANI	D DIRECTORS	13.		ADDITIONS: CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additional Additional Change Additional Change Additional Change Chan		
זיז. ٤	P Walker, Gwendolyn J	DELETE				L Chan	ge Addition
NAME STREET ADDRESS	2775 N.W. 183RD STREET		1.2 NAM8	ET ADDRESS			
CHTY-ST-ZIP	MIAMI FL 33056		1.4 CITY				
TITLE	S	DELETE	2 1 1 11L0			☐ Chan	ge 🔲 Addition
NAME	WALKER, G		2.2 NAM5				
STREET ADDRESS	9326 N.W. 13TH COURT		2.3.518(EL ADDRESS			
CHTY - ST - ZIP	MIAMI FL 33147	PP DOLEN	24 CHY			C7 65:00	Add too
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STREET ADDRESS City-St-Zip	MIAMI FL 33147		3.4 CHY				
TITLE	THE WITH LE GOTTI	DELETE	4 1 1111			☐ Chan	ge 🔲 Addition
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STREET ADDRESS			4.3 STHE	EL ADDRESS			
City-St-Zip			4.4 CITY	- ST - ZIP			
TifLE		☐ DELETE	5 1 T [L	!		☐ Chan	ge 🔲 Addition
NAME			5.2 NAM]			
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TITLE		☐ DEFEIF	6 1 TiTu	}		[Спап	ige Musicoli
NAME			6.2 NAM	I .			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			6.4 CITY	· 51 - ZIF			

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate annutating segmental annual report as if made under oath, that I am an officer or dispeter of the comporation 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 in charged or some attachment with an address

SIGNATURE:

A phrachiment with an address GJ, Walker 4-29-96 305 620 9319 (Top NAME OF SIGNING OFFICER OR DIRECTOR)