

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000076641 (7)**

1. Corporation Name  
**WALTER & ASSOCIATES, INC.**



Principal Place of Business: **4232 WINDERLAKES DR ORLANDO FL 32835**  
Mailing Address: **4232 WINDERLAKES DR ORLANDO FL 32835**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, Apt., etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **10/13/1994**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-3276783**  
5. Certificate of Status Desired:   
6. Election Campaign Financing Trust Fund Contribution:   
8. This corporation has facility for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**WALTER, MARK R  
4232 WINDERLAKES DR  
ORLANDO FL 32835**

10. Name and Address of New Registered Agent (81-84) fields for Name, Street Address, City, and Zip Code (FL 85).

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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature of Mark R. Walter)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>D</b>	<b>WALTER, MARK R</b>	1. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	<b>4232 WINDERLAKES DR</b>	2. NAME:	
STREET ADDRESS:	<b>ORLANDO FL 32835</b>	3. STREET ADDRESS:	
CITY-STATE-ZIP:		4. CITY-STATE-ZIP:	
TITLE: <b>D</b>	<b>WALTER, MARY K</b>	5. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	<b>4232 WINDERLAKES DR</b>	6. NAME:	
STREET ADDRESS:	<b>ORLANDO FL 32835</b>	7. STREET ADDRESS:	
CITY-STATE-ZIP:		8. CITY-STATE-ZIP:	
TITLE:		9. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		10. NAME:	
STREET ADDRESS:		11. STREET ADDRESS:	
CITY-STATE-ZIP:		12. CITY-STATE-ZIP:	
TITLE:		13. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		14. NAME:	
STREET ADDRESS:		15. STREET ADDRESS:	
CITY-STATE-ZIP:		16. CITY-STATE-ZIP:	
TITLE:		17. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		18. NAME:	
STREET ADDRESS:		19. STREET ADDRESS:	
CITY-STATE-ZIP:		20. CITY-STATE-ZIP:	

14. I do 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 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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: *Mark R. Walter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96 (407) 290-5249

CR2E034 (12/95)