

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

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Sep 04 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000084292  
1. Corporation Name  
Walter's Accounting And Tax Service

Principal Place of Business Mailing Address  
6845 State Road 54 Same  
New Port Richey, Florida  
34653

*Amendment*

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	November 18, 1994	April 30, 1997
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	59-3289661	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	30	<input type="checkbox"/>	\$5.00 May Be Added to Fees
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
Corporate Information Services, Inc.  
1201 Hays Street  
Tallahassee, Florida 32301

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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

SIGNATURE: *Angeline M. Walters* *Angeline M. Walters* DATE: 8-27-99

12. OFFICERS AND DIRECTORS

TITLE	DIR./PRES./SECR./TREAS. <input checked="" type="checkbox"/> DELETE
NAME	William D. Walter
STREET ADDRESS	6845 State Road 54
CITY-ST-ZIP	New Port Richey, FL 34653
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIR./PRES./SECR./TREAS. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Angeline M. Walters
1.3 STREET ADDRESS	6847 State Road 54
1.4 CITY-ST-ZIP	New Port Richey, FL 34653
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	600002286416
6.3 STREET ADDRESS	-09/08/97--01002--004
6.4 CITY-ST-ZIP	***81.25

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. If 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 changed, or on an attachment with an address.

SIGNATURE: *Angeline M. Walters* *Angeline M. Walters* DATE: 8/27/97 813-848-5740

CR2E034 (9/96)