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FILED

May 30 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 # P96000049553 (6)

1. Corporation Name  
WALNUT SERVICES INC.

Principal Place of Business  
8107 PAMUNCO STREET  
ORLANDO FL 32817

Mailing Address  
8107 PAMUNCO STREET  
ORLANDO FL 32817-1507



3. Date Incorporated or Qualified 06/11/1996 3a. Date of Last Report

4. FEI Number 59-3445895 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VELASQUEZ, HECTOR  
8107 PAMUNCO STREET  
ORLANDO FL 32817

81 Name VELASQUEZ, HECTOR  
82 Street Address (P.O. Box Number is Not Acceptable) 11257 POINT SULLYAN CIRCLE  
83 APT. H  
84 City ORLANDO FL 85 Zip Code 32825

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D VELASQUEZ, HECTOR DELETE  
NAME VELASQUEZ, HECTOR  
STREET ADDRESS 8107 PAMUNCO STREET  
CITY - ST - ZIP ORLANDO FL 32817  
TITLE D VELASQUEZ, SILVIA DELETE  
NAME VELASQUEZ, SILVIA  
STREET ADDRESS 8107 PAMUNCO STREET  
CITY - ST - ZIP ORLANDO FL 32817  
TITLE DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.1 TITLE Change Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP Change Addition  
2.1 TITLE Change Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP Change Addition  
3.1 TITLE Change Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP Change Addition  
4.1 TITLE Change Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP Change Addition  
5.1 TITLE Change Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP Change Addition  
6.1 TITLE Change Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP Change Addition

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 to this report.

SIGNATURE: SIGNATURE OF SIGNING OFFICER OR DIRECTOR 04/23/97 (407) 2776581  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)