

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000005354

1. Corporation Name
WALKER AVENUE, INC.

Principal Place of Business
2105 PARK AVENUE NORTH
WINTER PARK FL 32789

Mailing Address
P.O. BOX 4961
ORLANDO FL 32802-4961

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc
22 City & State
23 Zip Country
24 25 26 Suite, Apt #, etc
27 City & State
28 Zip Country
29 30

9. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES CENTRAL FLORIDA
390 NORTH ORANGE AVENUE
SUITE 1100
ORLANDO FL 32801

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 add if applicable

(NOTE: Registered Agent's signature required when removing)

DATE

12. OFFICERS AND DIRECTORS

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
T1 TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
T2 TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
T3 TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
T4 TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE [] Change [] Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE [] Change [] Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE [] Change [] Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE [] Change [] Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE [] Change [] Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE [] Change [] Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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****158.75 ****158.75

14. I 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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/99 4/2/99 99998

0091288

CR2E034 (11/98)

FILED

99 APR 26 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/17/1997
4. FEI Number
59-3427597
5. Certificate of Status Desired ☒ Applied For
Not Applicable
\$8.75 Additional
Fee Required
6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees
8. This corporation owes the current year Intangible
Personal Property Tax ☐ Yes ☐ No
10. Name and Address of New Registered Agent