

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000007108 (8)

1. Corporation Name

WALKER CLASSIC, INC.



Principal Place of Business

20855 NE 16TH AVENUE
SUITE C-9
NORTH MIAMI BEACH FL 33179

Mailing Address

20855 NE 16TH AVENUE
SUITE C-9
NORTH MIAMI BEACH FL 33179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1997

4. FEI Number

65-0735419

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 20185-B N.E 16th PL

2a. Mailing Address

26 Suite, Apt. #, etc. SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 N. Miami Beach, FL

City & State

28 N. Miami Beach, FL

Zip

24 33179

Country

Zip

29 33179

Country

30 33179

9. Name and Address of Current Registered Agent

ROSEN, MICHAEL
20855 NE 16TH AVENUE
SUITE C-9
NORTH MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

81 Name ROSEN MICHAEL
82 Street Address (P.O. Box Number is Not Applicable) 20185-B N.E 16th PL
83
84 City N. Miami Beach FL 85 Zip Code 33179

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

TITLE D
NAME ROSEN, MICHAEL
STREET ADDRESS 19530 NE 19TH PLACE
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

TITLE D
NAME WALDINGER, RICHARD A
STREET ADDRESS 11 RIDGE ROAD
CITY-ST-ZIP SEARINGTOWN NY 11507

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE

Michael Rosen

7/29/98 305-657-9999

CR2E034 (5/98)