


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

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Secretary of State

02-27-1999 90022 041 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000035143					
1. Corporation Name WALKER SPORTS, INC.					
Principal Place of Business 19239 CORTEZ BLVD BROOKSVILLE FL 34601			Mailing Address 19239 CORTEZ BLVD BROOKSVILLE FL 34601		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/21/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip Country		28 Zip Country		59-3441879	
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9. Name and Address of Current Registered Agent

MASON, JOSEPH M JR
101 S MAIN STREET
BROOKSVILLE FL 34601

10. Name and Address of New Registered Agent

PAMELA R. MCKINNEY
ACCOUNTANT, INC.
302 E. Fort Dade Ave.
Brooksville, FL 34601

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 Pamela R. McKinney DATE 1/25/99

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	WALKER, MICHAEL C	1.2 NAME	
STREET ADDRESS	23195 TANKERSLEY RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL 34601	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	WALKER, JUSTINE A	2.2 NAME	
STREET ADDRESS	23195 TANKERSLEY RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL 34601	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Justine Walker DATE 1/26/99 DAYTIME PHONE # 352 796 7774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)