

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jun 18, 1999 8:00 am
Secretary of State

06-18-1999 90005 032 ***150.00
09-10-1999 90001 018 ***400.00

DOCUMENT # **P98000065208**

Corporation Name

WALKER'S CONSULTING ENTERPRISE, INC.



Principal Place of Business
**SOUTHWEST 160 STREET
SUITE A
MIAMI FL 33157**

Mailing Address
**11421 SOUTHWEST 150 DRIVE
MIAMI FL 33176**

DO NOT WRITE IN THIS SPACE

Principal Place of Business **11222 SW 154th**
11421 SW 150th DRIVE TELL
Suite, Apt. #, etc. **Suite A**
City & State **MIAMI, FL**
Zip **33157** Country **U.S.A.**

2a. Mailing Address

11421 SW 150th DRIVE TELL
Suite, Apt. #, etc. **MIAMI**

City & State

Zip

Country

3. Date Incorporated or Qualified

07/24/1998

4. FEI Number

65-0854070

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 the current year
Intangible Personal Property.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

81 Name **JOYCE L. WALKER**

82 Street Address (P.O. Box Number is Not Acceptable)
11421 SW 150th DRIVE

84 City **MIAMI**

FL

85 Zip Code
33176

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.

NATURE **Joyce L. Walker** **Joyce L. Walker** **8/28/99**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. **PSTD** ☐ DELETE
WALKER, PAMELA L
2. **9531 SOUTHWEST 160 STREET**
3. **MIAMI FL 33157**

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

PSTD ☒ Change ☐ Addition
Walker, Pamela L.
11222 SW 154th TERRACE
MIAMI-FL-33157

4. ☐ DELETE

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

☐ Change ☐ Addition

5. ☐ DELETE

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

☐ Change ☐ Addition

6. ☐ DELETE

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

☐ Change ☐ Addition

7. ☐ DELETE

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

☐ Change ☐ Addition

8. ☐ DELETE

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

☐ Change ☐ Addition

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: **Pamela L. Walker** **Pamela L. Walker** **8/25/99** **305-844-1829**
Signature, typed or printed name of signing officer or director Date

CR2E034 (5/99)