

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

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Apr 01 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S42033 (8)**  
 1. Corporation Name  
**MAJOR'S TARTAN CORPORATION**

Principal Place of Business <b>7118 S MILITARY TR LAKE WORTH FL 33463</b>	Mailing Address <b>7118 S MILITARY TR LAKE WORTH FL 33463</b>
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		<b>2a. Mailing Address</b> 25 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		<b>3. Date Incorporated or Qualified</b> <b>03/29/1991</b> <b>4. FEI Number</b> <b>65-0257202</b> Applied For Not Applicable <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> <b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
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<b>9. Name and Address of Current Registered Agent</b> <b>WALKER, JAMES M.</b> <b>5241 CEDAR LAKE APT. 4-30</b> <b>BOYNTON BEACH FL 33437</b>				<b>10. Name and Address of New Registered Agent</b> 81 Name <b>John Maclean Walker.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>7118 S. Military Trail</b> 83 84 City <b>LAKE WORTH</b> <b>FL</b> 85 Zip Code <b>33463</b>			
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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]* **1/8/98**  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>12. OFFICERS AND DIRECTORS</b>				<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>			
TITLE <del>PT</del> NAME <b>WALKER, JAMES M.</b> STREET ADDRESS <b>5241 CEDAR LAKE RD #430</b> CITY-ST-ZIP <b>BOYNTON BEACH FL 33437</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<del>President</del> <b>P.T</b> <b>NANCY WALKER</b> <b>7118 S. Military Trail</b> <b>LAKE WORTH, FL 33463</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>V.P.S.</b> <b>John Maclean Walker</b> <b>7118 S. Military Trail</b> <b>LAKE WORTH, FL 33463</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <del>VPS</del> NAME <b>WALKER, NANCY</b> STREET ADDRESS <b>5241 CEDAR LAKE RD #430</b> CITY-ST-ZIP <b>BOYNTON BEACH FL 33437</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **1/8/98** **561-965-0886**

CR2E034 (10/97)