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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V37935**

(6)

FORT WALKER, INC. Principal Place of Business Mailing Address 3535 N.W. 58TH STREET 3535 N.W. 58TH STREET MIAMI FL 33142-2017 MIAMI FL 33142 U\$ 3. Date Incorporated or Qualified 3a. Date of Last Report 03/28/1996 05/19/1992 4. FEI Number 2. Principal Place of Business 2a, Mailing Address Applied For 65-0349355 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 23 Trust Fund Contribution Added to Fees Country Zip Country Zir. 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DAVID EDENBURG 3535 N.W. 58TH STREET Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33142** 83 A4 City 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 agont and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition DELETE Change 1.1 TITLE 11116 EDENBURG, DAVID NAME 1.2 NAME 3535 N.W. 58TH STREET STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33142** 1.4 CHTY - ST- 7/P CHY - \$1 - 7/6 DELETE ___ Change Addition HILE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZII 2. 4 CITY-ST-ZIP DELETE Change Addition 101,8 3.1 TITLE 3.2 NAME NAME 33 STREET ADDRESS STREET ADDRESS C(7Y-51-7)P 34. CITY-ST-ZIP DELETE Change Addition TITLE 41 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME MAME STREET ADORESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST ZIP DELETE Change Addition 6.1 TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP CHY-ST-ZIP 14. I do 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 comporation of the composition of the comporation of the composition of t

SIGNATURE:

FILED

Apr 04 1997 8:00am

Secretary of State