

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

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**FILED**  
**Apr 08 1998 8:00 am**  
 Secretary of State

**DOCUMENT # P94000051651 (5)**

1. Corporation Name  
**FOWLER PLAZA, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**11300 4ST N  
 STE 200  
 ST. PETERSBURG FL 33176  
 US**

Mailing Address  
**11300 4 ST N  
 STE 200  
 ST. PETERSBURG FL 33176  
 US**

3. Date Incorporated or Qualified  
**07/13/1994**

4. FEI Number  
**59-3253550** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$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 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 25 Suite, Apt. #, etc.  
 26 City & State  
 27 Zip Country  
 28

9. Name and Address of Current Registered Agent  
**SEMBLER, M. STEVEN  
 5858 CENTRAL AVE., 1ST FLOOR  
 ST. PETERSBURG FL 33707**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SEMBLER, M. STEVEN</b>	
STREET ADDRESS	<b>11300 4 ST N, STE 200</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33716</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BURCAW, FREDERICK H</b>	
STREET ADDRESS	<b>P.O. BOX 7078</b>	
CITY-ST-ZIP	<b>WESLEY CHAPEL FL 33543</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHNSON, DARIAN W</b>	
STREET ADDRESS	<b>11300 4 ST N, STE 200</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>STROSS, PAMELA J</b>	
STREET ADDRESS	<b>11300 4 ST N, STE 200</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>CHADWICK, JAMES M</b>	
STREET ADDRESS	<b>11300 4 ST N, STE 200</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>BURCAW, FREDERICK H.</b>
2.3 STREET ADDRESS	<b>11300 4th ST. N, STE 200</b>
2.4 CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33716</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**000002482770**  
 -04/08/98--01078--014  
 \*\*\*158.75

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: \_\_\_\_\_

CR2E034 (10/97)