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

DOCUMENT # P95000087839 (3) VINCENT R. PAWLOWSKI, P.A. Principal Place of Business Mailing Address 1718 E 7TH AVE STE 201 TAMPA FL 33605 US						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
						11/13/1995				
2. Principal Place of Business 2a. Mailing Address 21						4. FEI Number 59-3348625	}-	\rightarrow	plied For of Applicable	
Suite, Apt. #, etc. Suite, Apt. #						5. Certificate of Status Desired	\$8.		Additional	
22		27				5. Certificate of Status Desired	F	ee Re	quired	
City & State		City & State				6, Election Campaign Financing			May Be	
Zip	Country	Zip	Countr	'V	···	Trust Fund Contribution 8. This corporation owes or has paid the cur			o Fees	
4	25	29	30	•			Yes	_] No	
	Q. Name and Address of Curre	nt Registered Agent		_		10. Name and Address of New Registered	Agent			
	CALL, DEBORAH F		81	1 1	Name					
	E BEACH DR SE		82	2 3	Street Addre	ss (P.O. Box Number is Not Acceptable)				
-	200		83	3						
\$1.1	PETERSBURG FL 33730									
			84	4 (City	FL	85	Zip (Code	
SIGNATURE 12.	Signature, typed or printed name of ingistered ag OFFICERS AN	on and title if applicable (NO				on's board of directors. I hereby accept the app divining the directors of the property of the app divining the property of the property of the application of the ap	DIRE	CTOR	S IN 12	
TITLE	PSD DELETE		1.1 TITLE	1.1 TITLE			Ch	ange	Addition	
NAME	PAWLOWSKI, VINCENT R		1.2 NAME							
STREET ADDRESS	136 5TH AVE NORTH ST PETERSBURG FL 33701		1.3 STREE		1					
CITY-ST-ZIP TITLE	OF FETENODONG PE 00701			1.4 CITY-ST-ZIP 2.1 TITLE			Ch	ange	Addition	
NAME				22 NAME				-		
STREET ADDRESS			2.3 STREET ADDRESS		DRESS					
CITY-ST-ZIP		2. 4 CITY - 3.1 TITLE		ZIP						
TITLE	DELETE						☐ Ch	ange	Addition	
NAME OTOGET ADORESS	•		3.2 NAME 3.3 STREE		OBECC					
STREET ADDRESS CITY-ST-ZIP	÷		3.4. CITY							
TITLE				4.1 TITLE			Chi	ange	Addition	
NAME			4. 2 NAME	Ē						
STREET ADDRESS	f .		4.3 STREE	T ADI	ORESS					
CITY-ST-Z#P	<u> </u>		4.4 CITY-		IP .				- 	
TITLE		☐ DELETE	5.1 TITLE				∐ Chi	ange	Addition Addition	
NAME	:		5.2 NAME		*****					
STREET ADDRESS			5.3 STREE							
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE	5.4 City - ST - ZiP 6.1 Title			Ch	ange	Addition	
NAME		_	6.2 NAME		j					
STREET ADDRESS			6.3 STREE	T ADI	DRESS					
CITY-ST-ZIP			6.4 CITY-							
indicated of	on this ennual report or supplement	al annual report is true and ac- eiver or trustee empowered to	curate and ti	hat r	mv signature	section 119.07(3)(i), Florida Statutes. I further ce s shall have the same legal effect as if made un red by Chapter 607, Florida Statutes; and that r	der oa	in; ina	atlaman	

1-20-92 (8/3)242-4404

FILED

Jan 29 1998 8:00am

Secretary of State