

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

FILED
Jun 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P96000011763 (5)

1. Corporation Name
WALTER C. ZEBROWSKI, ATTORNEY AT LAW, PA.



Principal Place of Business: 1550 MCMULLEN BOOTH RD SUITE F3-111 CLEARWATER FL 34619
Mailing Address: 1550 MCMULLEN BOOTH RD SUITE F3-111 CLEARWATER FL 34619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/07/1996

4. FEI Number: ~~59-3372718~~ 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 3001 N. Rocky Point Dr. Suite, Apt. #, etc.: 200
22 Tampa, FL 33607
23 City & State: TAMPA, FL
24 Zip: 33607
25 Country: USA

2a. Mailing Address
26 533 S. Howard Ave. Suite, Apt. #, etc.: 82-8
27 Tampa, FL
28 City & State: TAMPA FL
29 Zip: 33606
30 Country: USA

9. Name and Address of Current Registered Agent
MILLER, CHUCK
1550 MCMULLEN BOOTH RD SUITE F3-111
CLEARWATER FL 34619

10. Name and Address of New Registered Agent
81 Name: WALTER C. ZEBROWSKI
82 Street Address (P.O. Box Number is Not Acceptable): 3001 N. Rocky Point Dr. E.
83 Ste 200
84 City: TAMPA FL FL 85 Zip Code: 33607

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: *Walter C. Zebrowski* DATE: 4/17/98

12. OFFICERS AND DIRECTORS

TITLE	0	<input type="checkbox"/> DELETE
NAME	ZEBROWSKI, WALTER C	
STREET ADDRESS	1550 MCMULLEN BOOTH RD SUITE F3-111	
CITY-ST-ZIP	CLEARWATER FL 34619	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	

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: *Walter C. Zebrowski* DATE: 3/21/98 813-207-2010

CR2E034 (10/97)