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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000011763**
 1. Corporation Name
WALTER C. ZEBROWSKI, ATTORNEY AT LAW, PA.



Principal Place of Business
**3001 N ROCKY POINT DR E
 200
 TAMPA FL 33607
 US**

Mailing Address
**533 S HOWARD AVE
 828
 TAMPA FL 33606
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **3001 N Rocky Point Dr E, Tampa FL**

2a. Mailing Address
 26 **533 S. Howard Ave, Tampa FL**

22 Suite, Apt. #, etc.
 27 **PMB 28, Ste 8**

23 City & State
 28 **TAMPA FL**

24 Zip Country
 25 **33606** 29 **USA**

3. Date Incorporated or Qualified
02/07/1996

4. FEI Number
59-3372718

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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
**ZEBROWSKI, WALTER C
 3001 N ROCKY POINT DR E
 STE 200
 TAMPA FL 33607**

10. Name and Address of New Registered Agent
 81 Name **ERIN Keenan**
 82 Street Address (P.O. Box: Number is Not Acceptable) **3001 N. Rocky Point Drive**
 83 **STE 200**
 84 City **TAMPA** State **FL** Zip **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: **ERIN Keenan, NOMEN** DATE: **4/22/99**

12. OFFICERS AND DIRECTORS

TITLE	D	<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, with all other like empowered.

SIGNATURE: **Walter C. Zebrowski** DATE: **4/19/99** Daytime Phone #: **813-207-2070**

CR2E034 (1/198)