FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000093000 (5)**

1. Corporation Name

2909 W.A.K. CORPORATION

Principal Place of Business	Mailing Address
2909 BAY TO BAY BOULEVARD SUITE 600 TAMPA FL 33629	2909 BAY TO BAY BOULEVARD SUITE 600 TAMPA FL 33629

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/27/1994**

3a. Date of Last Report:

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

4. FEI Number: [ ] 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 has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

KRUSEN, WILLIAM A JR
2909 BAY TO BAY BOULEVARD
SUITE 600
TAMPA FL 33629

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 _____ DATE _____
Signature, typed or printed name of registered agent and the date of appointment (NOTE: Registered Agent signature required when name altered)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	[ ] Change [ ] Addition
NAME	KRUSEN, WILLIAM A	1.2 NAME	
STREET ADDRESS	2909 BAY TO BAY BOULEVARD #600	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	[ ] Change [ ] Addition
NAME	KRUSEN, WILLIAM A JR	2.2 NAME	
STREET ADDRESS	2909 BAY TO BAY BOULEVARD #600	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	[ ] Change [ ] Addition
NAME	KRUSEN, CHARLES B	3.2 NAME	
STREET ADDRESS	200 EAST 72ND STREET APT 10-M	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10021	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	[ ] Change [ ] Addition
NAME	KRUSEN, CHRISTOPHER B	4.2 NAME	
STREET ADDRESS	2401 SHADOW RIDGE COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	VIRGINIA BEACH VA 23456	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	[ ] Change [ ] Addition
NAME	MEYJES, PAMELA	5.2 NAME	
STREET ADDRESS	1430 N LAKE SHORE DRIVE APT 19	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60610	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	[ ] Change [ ] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: W A Krusen — 4/26/95 — 813-837-3009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000871 FP