

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000093000 (5)

1. Corporation Name:

2909 W.A.K. CORPORATION



Principal Place of Business

2909 BAY TO BAY BOULEVARD
SUITE 600
TAMPA FL 33629

Mailing Address

2909 BAY TO BAY BOULEVARD
SUITE 600
TAMPA FL 33629

3. Date Incorporated or Qualified 12/27/1994	3a. Date of Last Report 05/01/1995
4. FEI Number 59-3349534 APPLIED FOR	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 2907 BAY TO BAY BLVD
22 City & State	27 #200
23 Zip	28 TAMPA FL
24 Country	29 33629
25	30 Hillsborough

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the corporation

the RLE Registered Agent is just required when reinstating

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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: x *W. Krusen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

040896 813837-3009
Date Daytime Phone #

CR2E034 (12/95)