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 #
1. Corporation Name

692080

(5)

DRS. ZIELONKA & SANSOUCIE, P.A.

FILED Mar 20 1998 8:00am Secretary of State

D110- E1		••						
Principal Place	of Business	Mailing Address				i namij a č ijisa falis ilnit amini najiy smli ujnj	! 4 {	I 0 0011 1041
· · · · · · · · · · · · · · · · · · ·		101 E. KENNEDY BLVD. SII	101 E. KENNEDY BLVD. SUITE 1000					
TAMPA FL 33609		P.O. BOX 1363			DO NOT WRITE IN 1	THIS SDACE		
US		TAMPA FL 33601			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
						06/22/1981		
2. Principal Pla	ice of Business	2a. Mailing Address				4. FEI Number	Ar	plied For
21	•••	26				59-2102553	 	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc			 			5. Certificate of Status Desired	\$8.75	Additional
22	27				b. Certificate of Status Desired	Fee Re	equired	
City & State City & State						6. Election Campaign Financing	\$5.00	,
23		28		.i		Trust Fund Contribution		
Zip	·		Country 30		1 '	This corporation owes or has paid the Personal Property Tax due June 30.		angible No
24	25 25 Name and Address of Current		10			p. Name and Address of New Registe		J 140
005				81 Name		<u> </u>		
	IONS,TUCKER,MILLER,WHATLEY		L				······································	
101 E. KENNEDY BLVD. SUITE 1000 P.O. BOX 1363				B2 Street	Address	(P.O. Box Number is Not Acceptable)		
	BUX 1363 PA FL 33601		ŀ	B3		:		
IAMI	PA FL 33001					:	16-1 -	
				B4 City		\$ *	FL 85 Zip	Code
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Ftorida Statutes	the ab	ove-named	corporat	tion submits this statement for the purpo	ose of changing it	s registered
office or re-	gistered agent, or both, in the State in Infamiliar with, and accept the obligation	of Florida. Such change was au	thorized	by the corr	poration's	s board of directors. I hereby accept the	e appointment as	registered
_	The tribing the coopy and obligo							
SIGNATURE _	Ignature, typod or printed name of registered ager	st and fine if applicable (NOTE:	Registered	Agent signature	e required wh		ATE	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	PST	DELETE 1.1 TI		.E			[]: Change	Addition
NAME	ZIELONKA, CARL L		1.2 NAME					
STREET ADDRESS	3702 SWANN AVENUE		1.3 STREET ADDRESS		1			
CITY-ST-ZIP	TAMPA, FL 00000	T or eve	_	Y-ST-ZIP	ļ		Channe	Addition
TITLE	D	☐ DELETE	2.1 111		1		L Change	L. Addition ☐
NAME	ZIELONKA,CARL L.		2.2 NA		ŀ			
STREET ADDRESS	3702 SWANN AVE.	•		EET ADDRESS	-			
CITY-ST-ZIP	77		2. 4 CF 3.1 TIT	Y-ST-ZIP	 		Change	Addition
TITLE	VD		3.1 III		1		Critarigo	
NAME	SANSOUCIE, SUSAN D. 3702 SWANN AVE			NE EET ADDRESS	}			
STREET ADDRESS	TAMPA FL		li .	Y-ST-ZIP				
CITY-ST-ZIP TITLE	IAMPA PL	☐ DELETE	4.1 TIT		 		Change	Addition
NAME			4. 2 NA		1			
STREET ADDRESS			1	EET ADDRESS				
CITY-ST-ZIP				Y-\$T-Z/P				
TITLE		☐ DELE TE	5.1 TIT		1		☐ Change	Addition
NAME			5.2 NA	ME				
STREET ADDRESS			5.3 STI	EET ADDRESS	İ			
CITY-ST-ZIP			5.4 CiT	Y-ST-ZIP				
TITLE		DELETE	6.1 TIT	.E			☐ Change	Addition Addition
NAME			6.2 NA	AE .				
STREET ADDRESS			6.3 STI	EET ADDRESS	[
CITY-ST-ZIP			6.4 CIT	Y-ST- Z IP	<u> </u>			

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.

3/12/98

(813)879-6370