

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

FILED

**May 11 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 # P94000093000 (5)
1. Corporation Name
2809 W.A.K. CORPORATION



Principal Place of Business: **2807 BAY TO BAY BLVD, 200, TAMPA FL 33629, US**
Mailing Address: **2807 BAY TO BAY BLVD, #200, TAMPA FL 33629**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields with sub-fields for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: **12/27/1994**
4. FEI Number: **59-3349534**
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

9. Name and Address of Current Registered Agent
**KRUSEN, WILLIAM A JR
2807 BAY TO BAY BLVD
SUITE 200
TAMPA FL 33629**

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KRUSEN, WILLIAM A	
STREET ADDRESS	2807 BAY TO BAY BLVD SUITE 200	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KRUSEN, WILLIAM A JR	
STREET ADDRESS	2807 BAY TO BAY BLVD #200	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KRUSEN, CHARLES B	
STREET ADDRESS	800 EAST 72ND STREET APT 10-M	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KRUSEN, CHRISTOPHER B	
STREET ADDRESS	2401 SHADOW RIDGE COURT	
CITY-ST-ZIP	VIRGINIA BEACH VA 23456	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MEYJES, PAMELA	
STREET ADDRESS	1430 N LAKE SHORE DRIVE APT 19	
CITY-ST-ZIP	CHICAGO IL 60610	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	712 5TH AVE, 11TH FLOOR
3.4 CITY-ST-ZIP	NEW YORK, NY 10019
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 _____

CR2E034 (10/97)