

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

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northrup Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 602865 (8)
 1. Corporation Name
ALBERT J. ZIEMBA P.A.



Principal Place of Business 6540 WEST SUNRISE BLVD. PLANTATION FL 33313	Mailing Address 6540 WEST SUNRISE BLVD. PLANTATION FL 33313
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/11/1971	
21. Suite, Apt #, etc	22. City & State	26. Suite, Apt #, etc	27. City & State	4. FEI Number 59-1952969	Applied For <input type="checkbox"/> Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip		25. Country		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

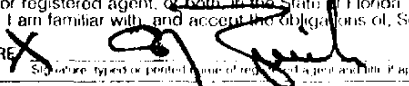
9. Name and Address of Current Registered Agent

**ZIEMBA, ALBERT J
 6101 BANYAN TERR
 PLANTATION 33317**

10. Name and Address of New Registered Agent

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:  DATE: **1-20-98**

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	ZIEMBA, ALBERT J	
STREET ADDRESS	6101 BANYAN TERR.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZIEMBA, ALBERT J	
STREET ADDRESS	6101 BANYAN TERR.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HILLEMANN, BRUCE	
STREET ADDRESS	6985 W. BROWARD BLVD.	
CITY-ST-ZIP	PLANTATION FL	
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		
11. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		
13. STREET ADDRESS		
14. 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.

SIGNATURE: **ALBERT J. ZIEMBA**  DATE: **1-19-98** (954) 581-7540

CR2E034 (10/97)