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May 08 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 # L34263 (8)
1. Corporation Name
HOWARD J. SHIFKE, P.A.



Principal Place of Business Mailing Address
% HOWARD J. SHIFKE % HOWARD J. SHIFKE
701 NO FRANKLIN STR. STE 200 701 NO FRANKLIN STR. STE 200
TAMPA FL 33602 TAMPA FL 33602
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 201 E. Kennedy Blvd. 26 201 E. Kennedy Blvd.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 1520 27 Suite 1520
City & State City & State
23 Tampa, FL 28 Tampa, FL
Zip Country Zip Country
24 33602 25 USA 29 33602 30 USA

3. Date Incorporated or Qualified
12/04/1989
4. FEI Number 59-2977068 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHIFKE, HOWARD J
701 N FRANKLIN ST #200
TAMPA FL 33602

81 Name Shifke, Howard J.
82 Street Address (P.O. Box Number is Not Acceptable)
201 E. Kennedy Blvd.
83 Suite 1520
84 City Tampa FL 85 Zip Code 33602

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

Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

4/29/98 DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME D SHIFKE, HOWARD J.
STREET ADDRESS 701 N. FRANKLIN ST.
CITY-ST-ZIP TAMPA FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME D Shifke, Howard J.
1.3 STREET ADDRESS 201 E. Kennedy Blvd., Suite 1520
1.4 CITY-ST-ZIP Tampa, FL 33602

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)
Howard J. Shifke 4/29/98 (813) 221-7430

CR2E034 (10/97)