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 P97000102246 (0)

WILLIAM ZALINSKY, INC.

Princip

2. Pri

23

Zip

FILED May 01 1998 8:00am Secretary of State

Added to Fees

Yes

ATTENDED BY					
nclpal Place of Business Mailing Address		**************************************	NOTINE TITOLO TITOLO DILLI TOTAL		
2701 CLEVELAND AVENUE SUITE 9 FORT MYERS FL 33901	2701 CLEVELAND AVENUE SUITE 9 FORT MYERS FL 33901	DO NOT WRITE IN THIS SPACE			
LOWE WITHOUT AND	✓ × × × × × × × × × × × × × × × × × × ×	3. Date Incorporated or Qualified 12/01/1997			
, Principal Place of Business	26 P.O. 130 × 293	4. FEI Number	Applied For Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. # etc. 27 / Donne Braw	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be		

Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 10.) Name and Address of New Registered Agent 9. Name and Address of Current Registered 81 Name CULVER, DIANA Browh 2701 CLEVELAND AVENUE 82 83 FORT MYERS FL 33901

O. Box Number is Not Acceptable)

Trust Fund Contribution

Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits the 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. 11-15-95

SIGNATURE	NATURE BONNE & ESTON				7 10 10		
	Signature, typod or printed name of registered agent and little if appli	icable (NO1E i	Registered Agent signature	required when reinstating)	DATE		
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETE	1.1 TITLE	a Vincent	an □ Change	dition	
NAME	CULVER, DIANA		1.2 NAME	(57)			
STREET ADDRESS	2701 CLEVELAND AVENUE, SUITE 9		1.3 STREET ADDRESS	2,	-a 1-34	211	
CITY-ST-ZIP	FORT MYERS FL 33901		1.4 CITY - ST - ZIP	The state of the s			
TITLE		☐ DELETE	2.1 TITLE V X	And the same	☐ Chango	Tradillo	
. NAME			2.2 NAME		mil		
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2. 4 CITY - ST - ZIP			_/	
TITLE		☐ DELETE	3.1 TITLE S	D. Mullig	G ↑ ☐ Change	Addition	
NAME			3.2 NAME	24593 Red	Lich ST		
STREET ADDRESS			3.3 STREET ADDRESS	24375 1000	4184-716	,	
CITY-ST-ZIP			3.4. CITY - ST- ZIP	B. S., FL 3	· · · · · ·		
TITLE		DELETE	41 TITLE	/	Change	Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS		A A CONTRACTOR		
CITY-ST-ZIP			4 4 CITY-ST-ZIP				
TITLE		☐ DELETE	51 THTLE	1	☐ Change	Addition	
NAME			5.2 NAME	l ch			
STREET ADDRESS			5.3 STREET ADDRESS	1 700 ll			
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE	9000025		Addition	
NAME			6.2 NAME	-05/01/980	1075035		
STREET ADDRESS			6.3 STREET ADDRESS	***150.00	1010 000		
1				1 4.44.100.00			

n 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 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 on or the receiver or trustee empowered of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in or an attachment with an address I hereby certify that the information indicated on this annual report or officer or director of the corpora Block 12 or Block 13 if changed