FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE Apr 23 1998 8:00am **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (3) IRWIN B. WILENSKY, P.A. Principal Place of Business Mailing Address 16132 GARDENDALE DRIVE 16132 GARDENDALE DRIVE TAMPA FL 33624 TAMPA FL 33624 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/30/1991 2a. Mailing Address 4 FEI Number Applied For 19 108 59-3098823 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 315 Fee Required Cily & State 6. Election Campaign Financing \$5.00 May Be reasure Island, AL Treasure Island, FL 28 Trust Fund Contribution Added to Fees Pinellas Pine 11as 8. This corporation owes or has paid the current year Intangible 33706 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WILENSKY, IRWIN B. 16132 GARDENDALE DR. Street Address (P.O. Box Number is Not Acceptable) TAMPÁ FL 33624 83 Zip Code 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 title if applicable (NOTF Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE NAME WILENSKY, IRWIN B. 1.2 NAME STREET ADDRESS 12458 1ST ST W 1.3 STREET ADDRESS TREASURE ISLAND FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE Ð 2.1 TITLE **WILENSKY, RAYETTE** NAME 2.2 NAME 12458 1ST ST W STREET ADDRESS 2.3 STREET ADDRESS TREASURE ISLAND FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIF 3.4. CITY-ST-ZIP DELETE Change ___ Addition 4.1 TITLE TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 an an attachment with an address.

5.4 CITY - ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

RAYETTE. H. Wilensky
4/16/98 813-363-3258

Change

Addition