

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90073 020 ***150.00

DOCUMENT # V03814

1. Corporation Name
IRWIN B. WILENSKY, P.A.

Principal Place of Business
119 108TH AVE
SUITE 315
TREASURE ISLAND FL 33706
US

Mailing Address
119 108TH AVE
SUITE 315
TREASURE ISLAND FL 33706
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1991

4. FEI Number
59-3098823

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILENSKY, IRWIN B.
16132 GARDENDALE DR.
TAMPA FL 33624

81 Name
Irwin B. Wilensky
82 Street Address (P.O. Box Number is Not Acceptable)
528 Sandy Hook Road
83
84 City
Treasure Island FL 85 Zip Code
33706

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]*

4/15/99

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME WILENSKY, IRWIN B.
STREET ADDRESS 12458 1ST ST W
CITY-ST-ZIP TREASURE ISLAND FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME Irwin B. Wilensky
1.3 STREET ADDRESS 528 Sandy Hook Road
1.4 CITY-ST-ZIP Treasure Island, FL 33706

TITLE D ☐ DELETE
NAME WILENSKY, RAYETTE
STREET ADDRESS 12458 1ST ST W
CITY-ST-ZIP TREASURE ISLAND FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Rayette H. Wilensky
2.3 STREET ADDRESS 528 Sandy Hook Road
2.4 CITY-ST-ZIP Treasure Island, FL 33706

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0407154