

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

FILED  
Apr 15 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 # V12881 (1)  
1. Corporation Name  
THE LAW OFFICES OF MARK R. WEINER, P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 100 N TAMPA STREET #3320 TAMPA FL 33602 US		Mailing Address 100 N TAMPA STREET #3320 TAMPA FL 33602 US	
2. Principal Place of Business 21 1411 N. WESTSHORE BLVD Suite, Apt. #, etc. 22 # 110 City & State 23 TAMPA, FL Zip 24 33607		2a. Mailing Address 26 628 CLEVELAND ST. Suite, Apt. #, etc. 27 # 302 City & State 28 CLEARWATER, FL Zip 29 33755	
3. Date Incorporated or Qualified 02/07/1992		4. FEI Number 65-0311923	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 WEINER, MARK ROBERT 100 N TAMPA ST SUITE 3320 TAMPA FL 33602		10. Name and Address of New Registered Agent 81 Name MARK R. WEINER 82 Street Address (P.O. Box Number is Not Acceptable) 1411 N. WESTSHORE BLVD, #110 83 84 City TAMPA, FL 85 Zip Code 33607	
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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINER, MARK R.	1.2 NAME	
STREET ADDRESS	100 N TAMPA ST #3320	1.3 STREET ADDRESS	1411 N. WESTSHORE BLVD, #110
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAMPA, FL 33607
TITLE	VP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINER, MARK	2.2 NAME	
STREET ADDRESS	100 N TAMPA ST #3320	2.3 STREET ADDRESS	1411 N. WESTSHORE BLVD, #110
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	TAMPA, FL 33607
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINER, MARK	3.2 NAME	
STREET ADDRESS	100 N TAMPA ST #3320	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINER, MARK	4.2 NAME	
STREET ADDRESS	100 N TAMPA ST #3320	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CR2E034 (10/97)