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FILED
Apr 27 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 # V32141 (6)
1. Corporation Name
JAMES M. WARK & ASSOCIATES, INC.



Principal Place of Business Mailing Address
4519 GEORGE RD 4519 GEORGE RD
S145 S145
TAMPA FL 33634 TAMPA FL 33634
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/27/1992	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3115780	
24 Country		29 Country		30 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

WARK, JAMES M
4519 GEORGE RD
S145
TAMPA FL 33634

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL
85 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 _____ (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	CEO / Chairman of Board
NAME	WARK, JAMES M	1.2 NAME	
STREET ADDRESS	3921 VASCONIA	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33631	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	President / Director
NAME		2.2 NAME	Matthew J. Wark
STREET ADDRESS		2.3 STREET ADDRESS	2508 Chateau Dr.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Lutz, FL 33549
TITLE		3.1 TITLE	Director
NAME		3.2 NAME	Wendy R. Wark
STREET ADDRESS		3.3 STREET ADDRESS	2508 Chateau Dr.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Lutz, FL 33549
TITLE		4.1 TITLE	Director
NAME		4.2 NAME	Sally B. Wark
STREET ADDRESS		4.3 STREET ADDRESS	3921 Vasconia St.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Tampa, FL 33631
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE: _____

4-21-98 (813) 885-5710

CR2E034 (10/97)