

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **592862** (7)
1. Corporation Name
WASILEWSKI ENTERPRISES, INC.



Principal Place of Business: **1520 CHATEAU WOODS DR CLEARWATER FL 34624**
Mailing Address: **1520 CHATEAU WOODS DR CLEARWATER FL 34624**

| | | | | | | | | | |
|--------------------------------|----|---------|----|----|---------------------|----|---------|----|----|
| 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| 2. Principal Place of Business | | | | | 2a. Mailing Address | | | | |
| State, Apt. #, etc. | | | | | State, Apt. #, etc. | | | | |
| City & State | | | | | City & State | | | | |
| Zip | | Country | | | Zip | | Country | | |

| | |
|---|--|
| 3. Date Incorporated or Qualified 11/09/1978 | 3a. Date of Last Report 04/25/1995 |
| 4. FEI Number 59-1989786 | Applied For Not Applicable |
| 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 has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**WASILEWSKI, RICHARD P
1520 CHATEAU WOODS DR.
CLEARWATER, FL
34624**

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Numbers Not Acceptable) |
| 83 | |
| 84 | City |
| FL | 85 Zip Code |

11. Pursuant to the provisions of Sections 607.06(2) and 607.14(1), 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 607.06(1), Florida Statutes.

SIGNATURE

Signature of Registered Agent (Type or Print Name) _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | PO | <input type="checkbox"/> DELETE |
| NAME | WASILEWSKI, RICHARD P | |
| STREET ADDRESS | 1520 CHATEAU WOODS DR | |
| CITY, ST, ZIP | CLEARWATER, FL 00000 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | WASILEWSKI, CAROL A | |
| STREET ADDRESS | 1520 CHSTEAU WOODS DR | |
| CITY, ST, ZIP | CLEARWATER, FL 00000 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----|----------------|---|
| 11 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 | NAME | |
| 13 | STREET ADDRESS | |
| 14 | CITY, ST, ZIP | |
| 21 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 | NAME | |
| 23 | STREET ADDRESS | |
| 24 | CITY, ST, ZIP | |
| 31 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 | NAME | |
| 33 | STREET ADDRESS | |
| 34 | CITY, ST, ZIP | |
| 41 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 | NAME | |
| 43 | STREET ADDRESS | |
| 44 | CITY, ST, ZIP | |
| 51 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 | NAME | |
| 53 | STREET ADDRESS | |
| 54 | CITY, ST, ZIP | |
| 61 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 | NAME | |
| 63 | STREET ADDRESS | |
| 64 | CITY, ST, ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntary, true, and correct and that the exception statement in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is supplemental and is true and correct 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, that the receiver or the receiver named to execute this report is required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in any block listed with an address.

SIGNATURE: *Richard Wasilewski* **RICHARD WASILEWSKI** 813-531-8104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)