SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **703969** **(6)**

1. Corporation Name

CZECHOSLOVAK AMERICAN SOCIETY OF ST. PETERSBURG, INC.

Principal Place of Business	Mailing Address
SBURG, INC. 1601 49TH STREET SOUTH GULFPORT FL 33707	SBURG, INC. 1601 49TH STREET SOUTH GULFPORT FL 33707

3. Date Incorporated or Qualified: 05/01/1962
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-1026505 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

~~ROZOVICH, JOHN~~
~~8486 KING ST. N.~~
~~SEMINOLE FL 34642~~

10. Name and Address of New Registered Agent

81 Name: CHAS. J. MORAVEC.
82 Street Address (P.O. Box Number is Not Acceptable): 1406 NORMANDY PK DR.
83 CLEARWATER, FL.
84 City: **FL** 85 Zip Code: 34616

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Chas. J. Moravec 8/7/96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P ~~BOZOVICH, JOHN~~ ~~8486 KING ST. N.~~ ~~SEMINOLE FL~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition PRES. FRANCIS PODLENA 9897 - 48TH AVE. N. ST. PETERSBURG, FL. 33708
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MULLER, EDWIN 3997 40TH WAY S. ST. PETERSBURG FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ ~~BOZOVICH, HELEN~~ ~~8486 KING ST.~~ ~~SEMINOLE FL~~	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition SEC'Y. MILDRED HORAK 1408 WILLIAMS RD PLANT CITY, FL. 33565
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MORAVEC, CHARLES 1406 NORMANDY PK., DR #1 CLEARWATER FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition 600001919138 -08/12/96--01041--012 ***61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ ~~ZADAK, MARY~~ ~~602 N.W. 9TH AVENUE~~ ~~MULBERRY FL~~	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition SD MARY MORAVEC 1406 NORMANDY PK DR. CLEARWATER, FL. 34616
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~MORAVEC, MARY~~ ~~1406 NORMANDY PK DR., #1~~ ~~CLEARWATER FL~~	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition D EMIL HEINZ 1408 WILLIAMS RD PLANT CITY, FL. 33565

CR2E037 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Chas. J. Moravec (Pres.) 7/18/96 8/12/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0012474