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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H02111** 

(3)

KLUSZA & ASSOCIATES, INC. Principal Place of Business Mailing Address % RICHARD G. KLUSZA % RICHARD G. KLUSZA 2130 E. EDGEWOOD DR. SUITE 1 2130 E. EDGEWOOD DR. SUITE 1 LAKELAND FL 33803-3641 LAKELAND FL 33803 3. Date Incorporated or Qualified 3a. Date of Last Report 05/03/1984 04/19/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2410475 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Ζıp Country Zip Country 8. This corporation has liability for intengible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KLUSZA, RICHARD G. 2130 E. EDGEWOOD DR. SUITE 1 82 Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33803 83 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE Change Addition THILE KLUSZA, RICHARD G. 1.2 NAME NAME 2130 EAST EDGEWOOD DR. STREET ADDRESS 1.3 STREET ADDRESS LAKELAND FL 1.4 CiTY-ST-ZIP CITY- ST-ZIP DELETE Change Addition TOTLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 31 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-Z/P 3.4. CITY - ST-ZIP DELETE Addition Change 4.1 TITLE TOTLE 4.2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS

6.4 CITY - ST - ZIP CITY-ST-7/P 14. I do 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.

4.4 CITY-ST-ZiP

5.3 STREET ADDRESS

5 4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

61 TITLE

62 NAME 6 3 STREET ADDRESS

SIGNATURE:

CITY-ST ZIP

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

941-665-9195

FILED

Jan 27 1997 8:00am

Secretary of State

Change

Change

Addition

Addition

96/6)