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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N23950 (1)
1. Corporation Name
GENERAL K. PULASKI CITIZENS CLUB, INC.



Principal Place of Business 6221 SE 113 ST BELLEVUE FL 34421	Mailing Address P.O. BOX 584 BELLEVUE FL 34421-0584
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3. Date Incorporated or Qualified 12/18/1987		
4. FEI Number 59-3017050	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 GEN. K. PULASKI CITIZENS CLUB, INC.	2a. Mailing Address 26 GEN. K. PULASKI CITIZENS CLUB, INC.
Suite, Apt. #, etc. 22 6221 SE 113 ST.	Suite, Apt. #, etc. 27 P.O. BOX 584
City & State 23 BELLEVUE, FL.	City & State 28 BELLEVUE, FL.
Zip 24 34420	Country 25 USA
Zip 29 34421-0584	Country 30 USA

9. Name and Address of Current Registered Agent
**RAYMOND DLUGOBORSKI
15451 S.E. HWY. 42
WEIRSDALE FL 32195**

10. Name and Address of New Registered Agent

81 Name KAZIMIERZ BARTOLIK	
82 Street Address (P.O. Box Number is Not Acceptable) 17964 SE 107 CT	
83 City SUMMERFIELD	
84 City FL	85 Zip Code 34491

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 *Kazimierz Bartolik* **KAZIMIERZ BARTOLIK** **3-6-1998**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE P	NAME DLUGOBORSKI, RAYMOND A.	<input checked="" type="checkbox"/> DELETE 5
STREET ADDRESS 15451 SE HWY 42	CITY-ST-ZIP WEIRSDALE FL	
TITLE D	NAME BLAZEL, ROBERT L.	<input checked="" type="checkbox"/> DELETE 1
STREET ADDRESS 3 SILVER COURSE PLACE	CITY-ST-ZIP OCALA FL	
TITLE PD	NAME LUGOBORSKI, RAYMOND E A	<input checked="" type="checkbox"/> DELETE 3
STREET ADDRESS 15451 SE HWY 42	CITY-ST-ZIP WEIRSDALE FL 32195	
TITLE S	NAME SUPAL, JEAN	<input checked="" type="checkbox"/> DELETE 4
STREET ADDRESS 13089 S.E. 55TH AVE ROAD	CITY-ST-ZIP BELLEVUE FL	
TITLE VP	NAME MARSZALEK, VIRGINIA	<input checked="" type="checkbox"/> DELETE 3
STREET ADDRESS 4730 S.E. 110TH ST. P.O. 789	CITY-ST-ZIP BELLEVUE FL	
TITLE T	NAME WOZNY, ELIZABETH	<input checked="" type="checkbox"/> DELETE 4
STREET ADDRESS 10420 S.E. 178TH ST	CITY-ST-ZIP SUMMERFIELD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE D	NAME BARTOLIK, KAZIMIERZ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 STREET ADDRESS 17964 SE 107 CT.	1.3 CITY-ST-ZIP SUMMERFIELD, FL. 34491	
2.1 TITLE D	NAME STARANOWICZ, LUDNIK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 STREET ADDRESS 3241 SE 56 TER.	2.3 CITY-ST-ZIP OCALA, FL. 34471	
3.1 TITLE D	NAME MARSZALEK, VIRGINIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 STREET ADDRESS 4730 SE 110 ST.	3.3 CITY-ST-ZIP BELLEVUE, FL. 34420	
4.1 TITLE T	NAME STARANOWICZ, JANINA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 STREET ADDRESS 3241 SE 56 TER.	4.3 CITY-ST-ZIP OCALA, FL. 34471	
5.1 TITLE S	NAME DLUGOBORSKI, IRENE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 STREET ADDRESS 15451 SE HWY 42	5.3 CITY-ST-ZIP WEIRSDALE, FL. 32195	
6.1 TITLE S.O.A	NAME GRZYL, STANLEY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 STREET ADDRESS 24515 SE HWY 450	6.3 CITY-ST-ZIP UMATILLA, FL 32748	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kazimierz Bartolik* **KAZIMIERZ BARTOLIK** **MARCH 6, 98 352-347-7508**

CR2E037 (10/97)