

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PM 8:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N43245** (2)

1. Corporation Name  
**POLISH AMERICAN CLUB POLONEZ INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**7310 SOUTHGATE BLVD. NORTH LAUDERDALE FL 33068 US**

3. Date Incorporated or Qualified **05/06/1991** 3a. Date of Last Report **07/29/1994**  
4. FEI Number **65-0267658** Applied For Not Applicable

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

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 169.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**PARADOWSKI, CHESTER  
7310 SOUTHGATE BLVD.  
N. LAUDERDALE FL 33068**

10. Name and Address of New Registered Agent  
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 reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY- ST- ZIP  
PD **BIELINSKI, MARK  
23259 CEDAR HOLLOW WAY  
BOCA RATON FL**  
VD **SOSNOWKA, EWA  
4811 NE 13TH TERR.  
FT. LAUDERDALE FL**  
SD **DORTA, PROBKA  
113 LAKE EMERALD DR.  
FT. LAUDERDALE FL**  
TD **KASPEROWICZ, GRAZYNA  
470 NW 20TH ST.  
BOCA RATON FL**  
D **JACKWOSKI, STEFAN  
3917 WASHINGTON ST  
HOLLYWOOD FL**  
D **LENISZEWSKI, ZYGMUNT  
4814 NW 47TH TERR.  
TAMARAC FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME **SD  
FILIPCZAK, KRYSZYNA**  
2.3 STREET ADDRESS **2625 SE 1st CT**  
2.4 CITY- ST- ZIP **POMPANO BEACH FL 33062**  
3.1 TITLE  Change  Addition  
3.2 NAME **VD**  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME **D  
URBANSKI, IGNACY**  
6.3 STREET ADDRESS **361 SW 67 AVE**  
6.4 CITY- ST- ZIP **MARGATE FL 33063**

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: Mike Bielinski Date: 4/11/95 Daytime Phone: 407-482-8609