## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Morthinif

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # N43245

(2)

Mailing Address

POLISH AMERICAN CLUB POLONEZ INC.

## FILED Mar 06 1998 8:00am Secretary of State


7310 SOUTHGATE BLVD. NORTH LAUDERDALE FL 33068			7310 SOUTHGATE BLVD. NORTH LAUDERDALE FL 33068		3. Date Incorporated or Qualified			
US	•	US				05/06/1991 4. FEI Number		
							Applied For	
2. Principal Pl	aca of Business	I 20. Mail	ing Address			65-0267658	Not Applicable	
21	incipal Place of Business 26 Mailing Address 26		5. Certificate of Status Desired	\$8.75 Additional Fee Required				
Suite, Apt.	#, etc.	<del> </del>	e, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be		
22 27			Trust Fund Contribution Added to Fees					
City & Stale		28 City	City & State			7. Is this nonprofit corporation a homeowners association?		
Zip	Count	Country Zip Country		8. This corporation owes or has paid the current year Intagaible				
24	25	29	3	30 Personal Property Tax due June 30.  Yes No		. '		
	9. Name and Addr	ess of Current Registered	Agent			10. Name and Address of New Registered A	gent	
				81	Name			
JESSE W	JESSE WROZOSEK			-	60 Physical Addison (D.O. Bou Mumbos in Not Accomptable)			
	OCEAN BLVD.			82	82 Street Address (P.O. Box Number is Not Acceptable)			
	DERDALE FL 33308			83				
FI. LAUL	PENDALE FE 33300			L_				
				84	City	FL	85 Zip Code	
11. Pursuant t	to the provisions of So	tions 617.0502 and 617.15	08, Florida Statutes	the abov	e-named	corporation submits this statement for the purpose of	changing its registered	
office or re agent. I as	egistered agent, or bo m familiar with, and ac	h, in the State of Florida. Si cept the obligations of, Sec	uch change was au ition 617.0503, Flori	thorized b da Statute	y the corp s.	poration's board of directors. I hereby accept the appo	intment as registered	
SIGNATURE _								
12.		in of registered against and title if appl DEFICERS AND DIRECTOR		Registered Ap	ent signature	required when rainstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	D	DITIOETIS AND DIRECTOR	DELETE	1.1 TITLE	P		Change	
NAME	EDWARD SOSNO	WIKA	<u> </u>	1.2 NAME	` <b>`~</b>	Spidium to sedien.		
STREET ADDRESS	4811 N.E. 13 TEF				T ADDRESS	(\$501 M.W. 112021	210	
	FT. LAUDERDALE		_			Lauderning Fl. 33	:319	
CITY-ST-ZIP TITLE	VP	<u>1</u> L	V DELETE	1.4 CiTY-1 2.1 TITLE	VP	Valoreta Schulart	Change Addition	
HAME	JESSE WRZOSEK		and occurre	2.2 NAME	الخسند	TOROLLING STATE OF IXI	Man ∣	
STREET ADDRESS				TADDRESS	5503 Hulberry D	r. "		
	FT. LAUDERDALE		,	2.4 CHY-		Tamarac It.		
CITY-ST-ZIP TITLE	S	<u> </u>	DELETE	3.1 TITLE	VA.	1 1056 10 16 157 COL	Change Addition	
NAME	ZBIG-NIEW SARZ	/NSKI		3.2 NAME	₩,4	KJESSIE MILLER	lud	
STREET ADDRESS				ADDRESS	4101 12 Occur D			
CITY-SI-ZIP	LAUDERHILL FL			3.4. CITY-	1	++ . Jauderolale +	ا بر	
TITLE	1		DELETE	41 TITLE	7	Anno Kolinski	Change Addition	
NAME	YOLANTA SCHWA	Vrtzman		4. 2 NAME	•	9217 NUL 7081		
STREET ADDRESS	5503 MULLBERRY	'DR.		4.3 STREE	T ADDRESS	8247 N.W. 1084	3321	
CITY-ST-ZIP	TAMARAC FL			4.4 CiTY-	ST-ZIP	1001100001		
TITLE	D		DELETE	5.1 TITLE	3		Change Addition	
NAME	Wrszula Bugie	Ļ		5.2 NAME		1490 Abor Lane	-13-24	
STREET ADDRESS	10159 TWIN LAKI	ES DR.		5.3 STREE	T ADDRESS		.33068	
CITY-ST-ZIP	CORAL SPRINGS	FL		6.4 CITY-	ST-ZIP	N. Lauderaale, H.		
TITLE	D		☐ DELETE	6.1 TITLE			Change Addition	
NAME	ryszard kisieli			6.2 NAME				
STREET ADDRESS								
CITY-ST-ZIP	CORAL SPRINGS			6.4 CITY-	ST-ZIP			
	ertify that the informat	on supplied with this filing	does not qualify for	the exemp	otion state	ed in Section 119.07(3)(i), Florida Statutes. I further cer	tity that the information	

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 informatic 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 exposition or the receiver or trustee employed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 If the right, or on an attachment with an address.

Topulen'

Bionia SARZYNBKI OI/2498 (954)746-55

CR2E037 (1097