

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90070 024 \*\*\*\*61.25

0026802

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N43245**

1. Corporation Name

**POLISH AMERICAN CLUB POLONEZ INC.**

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

Mailing Address  
7310 SOUTHGATE BLVD.  
NORTH LAUDERDALE FL 33068  
US



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 05/06/1991	4. FEI Number 65-0267658	Applied For Not Applicable
		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	

9. Name and Address of Current Registered Agent

**JESSE WROZOSEK**  
**4101 N. OCEAN BLVD.**  
**FT. LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

*Jesse Wrozonek*

2-27-99

(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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALINSKI, ANNA	1.2 NAME	
STREET ADDRESS	8247 NW 70TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SVPD	2.2 NAME	
STREET ADDRESS	WRZOSEK, JESSIE	2.3 STREET ADDRESS	
CITY-ST-ZIP	4101 N. OCEAN BLVD FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD	3.2 NAME	
STREET ADDRESS	ZBIG-NIEW SARZYNSKI	3.3 STREET ADDRESS	
CITY-ST-ZIP	6501 5084 LAUDERHILL FL 33319	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VPT	4.2 NAME	
STREET ADDRESS	SHWARTZMAN, YOLANTA	4.3 STREET ADDRESS	
CITY-ST-ZIP	5503 MULBERRY DR. TAMARAC FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S	5.2 NAME	
STREET ADDRESS	CEGIELSKI, JAREK	5.3 STREET ADDRESS	
CITY-ST-ZIP	1490 ABON LANE - 1324 N. LAUDERDALE FL 33068	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	6.2 NAME	
STREET ADDRESS	RYSZARD KISIELEWICZ	6.3 STREET ADDRESS	
CITY-ST-ZIP	3100 RIVERSIDE DR., #312 CORAL SPRINGS FL	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

*ZBIG-NIEW SARZYNSKI*

3/11/99

954-726-7430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)