FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N9500002740 (7)

PROJECT POLMEDUSA INCORPORATED

Principal Place	of Business	Mailing	Mailing Address									
P.O. BOX 1023			P.O. BOX 1023									
DELRAY BEAC	H FL 33447-1023	DELR	AY BEACH FL 3344	17-1023								
							3.	3. Date Incorporated or Qualified 3a. Date of Last Report 06/06/1995				
2. Principal Place of Business			2a. Mailing Address				4.	FEI Number			Applie	ed For
21		26	26							<u> </u>	(Not A	Applicable
Suite, Apt. #	#, etc.	Su	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additiona					
22		27									e Requ	
City & State	•	├	City & State				- 1	Election Campaign Financing	\$5.00 May Be			
23	Country		Zip Country				Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,					
Zip 24	├			30	¬ ·			Florida Statutes				
9. Name and Address of Current Registered Agent					10. Name and Address of New Registe				Registered	ered Agent		
					81	Name						
RADEK, EUGENE E					82	Street Add	Street Address (P.O. Box Number is Not Acceptable)					
	YAN TREE LANE, SUITE 307											
	BEACH FL 33483-5074				83							
•					84	City				85	Zip Co	de
						,			FL	-	•	
11. Pursuant t	to the provisions of Sections 617.050 ed agent, or both, in the State of Flor	2 and 617.15	08, Florida Statute	s, the abo	ove-r	named corpo	oration si	ubmits this statement for the pu	rpose of ch	anging it s register	ts regist red age	tered office
or register familiar wit	th, and accept the obligations of, Sec	tion 617,050	ange was autronze 3, Florida Statutes.	ou by the	corp	Oration 5 DO	ara or an	rectors. Thereby accept the app	ominine in a	7109,010	oo ogo	TIL. T LATE
SIGNATURE												
	Signature, typed or printed name of registered ager			FF: Hegisteres 13.		ıt signatura requir		instating) ADDITIONS/CHANGES TO OFF	DATE	D DIREC	TORSI	INI 12
12.	OFFICERS AND DIRECTORS —				1.1 TITLE			AUDITIONS/OFFAINGES TO OF	TIOLING AIN	Chang		Addition
TITLE	Director		L.JOECETE		IAME						- L	
NAME STREET ADDRESS	Janet Van Pelt				1.3 STREET ADDRESS							
CITY-ST-ZIP	2028 S. W. 35th Avenue				14 CITY-ST-ZIP							
TITLE	Delray Beach, Fl	5. 334	DELETE	21 T		,,				☐ Chan	ge 🗀	Addition
NAME	Director			2.2 N	IAME							
STREET ADDRESS	Martha D. Radek				2 3 STREET ADDRESS							
CITY-ST-ZIP	555 Banyab Tree Lane STE 307 Delray Beach, FL 33483				2 4 CITY - ST - ZIP							
TITLE	Director									Chan	ge [_ Addition
NAME	James A. Radek				3 2 NAME							
STREET ADDRESS	7067 Geneva Lakes Court				3.3 STREET ADDRESS							
CITY-ST-ZIP	Lake Worth , FL 33467				3 4. CITY - ST - ZIP			- 200001 8 1	nn 1	H	00 F	Addition
TITLE	President				4.1 TITLE			- 200861 8 1 -04/29/3601	1350	5	y∈ L	_ Acoution
NAMÉ	Eugene E. Radek				4. 2 NAME 4.3 STHEFT ADDRESS			***70.00	-			
STREET ADDRESS	555 Banyan Tree) /		· · · · · · · · · · · · · · · · · · ·						
CITY-ST-ZIP TITLE	Delray Beach,	FL 334	83 DELETE		JITUE	ST-ZIP				Chan	ge [Addition
NAME					NAME						_	_
STREET ADDRESS						T ADDRESS						
CITY-ST-ZIP						ST-ZIP						
TITLE			DELETE		TIFLE					☐ Chan	ge [Addition
NAME				6.2)	NAME					1	\mathcal{A}	a^{\dagger}
STREET ADDRESS				635	STREE	T ADDRESS			(1 '	人	I^{\sim}
CITY-ST-ZIP				640	CITY-S	ST-ZIP			V		. 1	12
	by certify that the information supplied at the information indicated on this and	aual ragad ai	reunnlamental ann	LID COOM	ic tri	ue and accu	irate and	l that my sionafilire shall bave th	e same leoa	н епеста	asut ma	ioe under
oath: that	Ham an officer or director of the corp	poration or th	e receiver or trustei	e empow	ered	to execute t	this repo	rt as required by Chapter 617, I	Florida Stati	ites; and	I that m	iy name
appears II	n Block 12 or Block 13 if changed, or	on an attact	innent with an addr	€55. A		0						

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTO

nee. JAN 31 1996 407-2

407-276-6788

Daytime Phone #