

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # J22986 (0)

1. Corporation Name
JOE BARTOSIK, INC.

Principal Place of Business
3905 INVESTMENT LN
STE 22
RIVIERA BEACH FL 33404
US

Mailing Address
3905 INVESTMENT LANE
UNIT 22
RIVIERA BEACH FL 33404-1744
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/07/1986		3a. Date of Last Report 04/23/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2706919		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BARTOSIK, JOSEPH ANTHONY 14270 87TH COURT NORTH LOXAHATCHEE FL 33470				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable) 11152 88th Road North			
				83			
				84 City Palm Beach Gardens FL			
				85 Zip Code 33412			

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

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			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	PVP			1.1 TITLE			
NAME	BARTOSIK, JOSEPH ANTHONY			1.2 NAME			
STREET ADDRESS	14270 87TH COURT NORTH			1.3 STREET ADDRESS	11152 88th Road North		
CITY - ST - ZIP	LOXAHATCHEE FL			1.4 CITY - ST - ZIP	Palm Beach Gardens, FL 33412		
TITLE	TD	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARTOSIK, JOSEPH ANTHONY			2.2 NAME			
STREET ADDRESS	14270 87TH CT., NORTH			2.3 STREET ADDRESS	11152 88th Road North		
CITY - ST - ZIP	LOXAHATCHEE FL			2.4 CITY - ST - ZIP	Palm Beach Gardens, FL 33412		
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARTOSIK, LYNDIA CAROL			3.2 NAME			
STREET ADDRESS	14270 87TH COURT NORTH			3.3 STREET ADDRESS	11152 88th Road North		
CITY - ST - ZIP	LOXAHATCHEE FL			3.4 CITY - ST - ZIP	Palm Beach Gardens, FL 33412		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lyndia C. Bartosik
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-842-7343

0207521

CR2E034 (9/96)