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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S38718

(0)

FILED
Jan 20 1998 8:00am
Secretary of State

STEVE	N JARECKI, P.A.	, ,				
Principal Plac	e of Business	Mailing Address			<u> </u>	
4811 W. ATLANTIC AVE.		4811 W. ATLANTIC AVE.		·		
#20		#20]		
DELRAY BEACH FL 33445		DELRAY BEACH FL 33445		DO NOT WRITE IN THIS SPACE		
US		US		3. Date Incorporated or Qualified		
2 Principal P	lace of Business	2a. Mailing Address		03/14/1991 4. FEI Number		
21		26			<u>}</u>	pplied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0254272	- \$8.75	lot Applicable Additional
22		27		5. Certificate of Status Desired	1 1	lequired
City & State	?	City & State		6. Election Campaign Financing	\$5.00	May Be
23		28		Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	8. This corporation owes or has p	said the current year In	itangible
24	25	29	30	Personal Property Tax due Jun		□ No
	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New R	egistered Agent	
JAF	recki, steven		81 Namo			
481	1 W. ATLANTIC AVE.		82 Street Ac	Idress (P.O. Box Number is Not Accepta	able)	
STE	20					
DEI	RAY BEACH FL 33445		83			
			84 City		or Zin	Code
					FL	
SIGNATURE	Signature, typed or produd name of registere	d agent and title if applicable (NO AND DIRECTORS	16 : Registered Agent signature rec	orporation submits this statement for the ration's board of directors. I hereby accention's reinstaling) ADDITIONS/CHANGES TO OFFI	DATE ICERS AND DIRECTOR	RS IN 12
TITLE	D	☐ DELETE	1 TITLE		C Change	Addition
NAME	JARECKI, STEVEN		1.2 NAME		110 Marria	
STREET ADDRESS	4250 NW 58 LANE		1.3 STREET ADDRESS	BOCA RATION FL	ug prive	
CHY-ST-7IF	BOCA RATON FL		1.4 CH Y - S1 - ZIP	BOCA RATON FL	<u>- 33734</u>	
TITLE		☐ DECETÉ	2.1 TITLE		∟ Chanǧe	Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS		i i	
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change	Addition
NAME		L_J DECTE	3.1 II/LE 3.2 NAMI		∟ı cııange	CT Modifield
STREET ADDRESS			3.2 NAMI 3.3 STREET ADDRESS			
CITY-ST-ZIP			3 4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TIFLE		Change	Addition
NAME			4. 2 NAME			
STHEET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE:		DELETE	5.1 Till E		Change	Addition
NAME			5.2 NAME		- •	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY- ST- ZIP			
TITLE		DELETE	6.1 TITLE		Change	Addition
NAME			62 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 Crty-St-7IP			
14. I hereby co	ertify that the information supplie	d with this filing does not qualify f	or the exemption stated i	in Section 119.07(3)(i), I lorida Statutes. I ture shall have the same legal effect as i	I further certify that the	information
officer or c	irector of the corporation or the influence of the corporation or the influence 13 if changed, or on an a	eceiver or trustee empowered to	execute this report as an	ture shall have the same legal effect as a quired by Chapter 607, Florida Statutes;	ii made under oath; tha and that my name api	ястат an pears in