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FILED
Mar 09 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000039053 (8)

1. Corporation Name

OPALKA SERVICES INC.

Principal Place of Business

8800 49TH STREET NORTH
SUITE 406-3
PINELLAS PARK FL 33782

Mailing Address

8800 49TH STREET NORTH
SUITE 406-3
PINELLAS PARK FL 33782



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1997

4. FEI Number
59-3442081

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

19321 US Hwy 19 North

Suite, Apt. #, etc.

Ste C 601

City & State

Clearwater Florida

Zip

33764

Country

USA

9. Name and Address of Current Registered Agent

OPALKA, BRONISLAW
8800 49TH STREET NORTH
SUITE 406-3
PINELLAS PARK FL 33782

10. Name and Address of New Registered Agent

81 Name

Opalka, Bronislaw

82 Street Address (P.O. Box Number is Not Acceptable)

19321 US Hwy 19 N Ste C 601

83

84 City

Clearwater

FL

85 Zip Code

33764

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

Bronislaw Opalka

Bronislaw Opalka

01/28/1998

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME Bronislaw Opalka
STREET ADDRESS 212 Evergreen Way
CITY-ST-ZIP STOCKBRIDGE GA 30281

TITLE VP
NAME OPALKA ERNEST
STREET ADDRESS 200 OLYMPIA DR APT N 7
CITY-ST-ZIP WARNER ROBINS GA 31093

TITLE S
NAME OPALKA EWARYST
STREET ADDRESS 200 OLYMPIA DR APT N7
CITY-ST-ZIP WARNER ROBINS GA 31093

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME OPALKA BRONISLAW
1.3 STREET ADDRESS 200OLYMPIA DR APT N7
1.4 CITY-ST-ZIP WARNER ROBINS GA 31093

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bronislaw Opalka

President 01/28/98 770-506-0461

CR2E034 (10/97)