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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000034800

1. Corporation Name
THE POLISH AMERICAN CLUB OF NORTH LAUDERDALE, FL A., INC.

Principal Place of Business: 935 ROCK ISLAND ROAD, NORTH LAUDERDALE FL 33068

Mailing Address: 935 ROCK ISLAND ROAD, NORTH LAUDERDALE FL 33068



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24)
 2a. Mailing Address (26-29)

3. Date Incorporated or Qualified: **04/16/1996**

4. FEI Number: **65-0166627**

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing: \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
FERRARO, JOSEPH
 935 ROCK ISLAND ROAD
 NORTH LAUDERDALE FL 33068

10. Name and Address of New Registered Agent

81 Name: **GRACE M. BRUKWICKI**

82 Street Address (P.O. Box Number is Not Acceptable): **935 ROCK ISLAND ROAD**

83

84 City: **NORTH LAUDERDALE FL** 85 Zip Code: **33068**

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: *Grace M. Brukwicki* DATE: **4/14/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	DAVID, CHESTER	1.1 TITLE: P	JERZY OLSZEWSKI
NAME: DAVID, CHESTER	7011 NW 79 AVE.	1.2 NAME: P	935 HILLSBORO MILE
STREET ADDRESS: 7011 NW 79 AVE.	TAMARAC FL	1.3 STREET ADDRESS: P	HILLSBORO BCH FL 33062
CITY-ST-ZIP: TAMARAC FL		1.4 CITY-ST-ZIP: P	
TITLE: DV	MULARCZKY, JOSEF	2.1 TITLE: V	RICHARD SKONIECZNY
NAME: MULARCZKY, JOSEF	602 SW 75 AVE.	2.2 NAME: V	1370 S. OCEAN BLVD. #508
STREET ADDRESS: 602 SW 75 AVE.	N. LAUDERDALE FL	2.3 STREET ADDRESS: V	POMPANO BCH FL 33062
CITY-ST-ZIP: N. LAUDERDALE FL		2.4 CITY-ST-ZIP: V	
TITLE: DT	ZIMA, LILLIAN	3.1 TITLE: T	TERESA KOLACZEK
NAME: ZIMA, LILLIAN	3990 NW 42 AVE.	3.2 NAME: T	2181 N.E. 67th St. #631
STREET ADDRESS: 3990 NW 42 AVE.	FT. LAUDERDALE FL	3.3 STREET ADDRESS: T	Ft Lauderdale FL 33308
CITY-ST-ZIP: FT. LAUDERDALE FL		3.4 CITY-ST-ZIP: T	
TITLE: DS	MARGRABIA, LOUISE	4.1 TITLE: S	STEPHEN BELZ
NAME: MARGRABIA, LOUISE	935 ROCK ISLAND ROAD	4.2 NAME: S	5144 N.E. 18th Terrace
STREET ADDRESS: 935 ROCK ISLAND ROAD	NORTH LAUDERDALE FL 33068	4.3 STREET ADDRESS: S	FL LAUDERDALE FL 33308
CITY-ST-ZIP: NORTH LAUDERDALE FL 33068		4.4 CITY-ST-ZIP: S	
TITLE: [Blank]		5.1 TITLE: D	SABRINA NOTO
NAME: [Blank]		5.2 NAME: D	5144 N.E. 18th Terrace
STREET ADDRESS: [Blank]		5.3 STREET ADDRESS: D	Ft. LAUDERDALE FL 33308
CITY-ST-ZIP: [Blank]		5.4 CITY-ST-ZIP: D	
TITLE: [Blank]		6.1 TITLE: D	ZENON BRUKWICKI
NAME: [Blank]		6.2 NAME: D	860 SOMERSET AVE.
STREET ADDRESS: [Blank]		6.3 STREET ADDRESS: D	DAVIE FL 33325
CITY-ST-ZIP: [Blank]		6.4 CITY-ST-ZIP: D	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **4/14/99** DAYTIME PHONE #: **954-423-8960**

CR2E034 (11/98)