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 # 522664

(2)

EMIL JACZYNSKI, P. A.

STREET ADDRESS

CITY-ST-ZIP

FILED
Apr 27 1998 8:00am
Secretary of State

954-525-6513

Principa! Plac		Mailing Address						, 4.4 6.5	
1000 S. FED 202	ERAL HIGHWAY	1000 S FEDERAL HIGHIYA 202	lΥ						
	ROALE FL 33316		FORT LAUDERDALE FL 33316			DO NOT WRITE	IN THIS	SPACE	
US		US				3. Date Incorporated or Qualified	**		
						12/30/1976			
	lace of Business	2a. Mailing Address				4. FEI Number		— <del></del>	oplied For
	.E. 17 Street	26 500 S.E. 17 S	stree	<u>t</u>		59-1743234			ot Applicable
Suite, Apt 200		Suite, Apt. #, etc. 27 200				5. Certificate of Status Desired		\$8.75 A	
City & Stat		City & State				6. Election Campaign Financing	_	\$5.00	
	Lauderdale, FL	28 Fort Lauderd			$\longrightarrow$	Trust Fund Contribution		Added t	
Zip 24 33316	Country	Zip	Count		- 1	8. This corporation owes or has pa			tangible T No
24 33316	25 Broward  9. Name and Address of Current		o Br	coward		Personal Property Tax due June  10. Name and Address of New Re			7 140
14	JACZYNSKI, EMIL					10. Hame and Address of Herr He	91010100	Agoin .	
- · ·	01 NW 114 AVENUE		L						······································
	ANTATION 33323		le	Street A	Addres	ss (P.O. Box Number is Not Acceptab	ile)		
1	ATTA 1011 00020		8	13				_	
			_						
			ļ°	City			FL	<b>85</b> Zip (	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607 1508, Florida Statutes	the abo	be-named	corpor	ration submits this statement for the p	urpose o	of changing It	s registered
agent. I a	registered agent, or both, in the State in familiar with, and accept the obligation	tions of, Section 607.0505, Flori	ida Statut	tes.	oration	is board or directors. Thereby accep	ուտ արկ	JOHNHOIR 25	registered
SIGNATURE									
10	Signature typed or printed name of registered ager OFFICERS AND		_	Agent signature	required	when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE	O DIDECTOR	
12.	P OFFICERS ANI.	DELETE	13.	F T		ADDITIONS/CHANGES TO OFFIC	JERS ANI	Change	Addition
NAME	JACZYNSKI. EMIL	C Section	1.2 NAM						
STREET ADDRESS	1001 NW 114 AVE			EET ADDRESS					
CITY-ST-Z#P	PLANTATION, FL 33323			-ST-ZIP					
TITLE		DELETE	21 TITLI					Change	Addition
NAME			22 NAM	ie					
STREET ADDRESS			2.3 STRE	EET ADDRESS					
CITY-ST-ZIP			2. 4 CITY	Y-ST-ZIP					
TITLE		DELETE	3.1 TITLE	E			7	Change	Addition .
NAME	•		3.2 NAM	1E					
STREET ADDRESS			3.3 STRE	EET ADDRESS					
CITY-ST-ZIP			3.4. CITY	Y - ST - ZIP					
TITLE		DELETE	4.1 TITLE	E				Change	Addition
NAME			4. 2 NAN	AE					
STREET ADDRESS			4.3 STRE	EET ADDRESS					
CITY-ST-ZIP				-ST-ZIP	<u> </u>				T1
TITLE		☐ DELETE	5.1 TITLI	i				Change	Addition
NAME			5.2 NAM	· I					
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP		The ere		-ST-ZIP				Phones	Addition
TITLE		☐ DELETE	6.1 TITLE	t l				Change	

6.2 NAME

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 percention 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 rhang id, or on an attacky with an address.

6.3 STREET ADDRESS 64 CITY-ST-ZIP