


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 08 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 703186 (7)
 1. Corporation Name
 ALBIN POLASEK FOUNDATION INC.



Principal Place of Business Mailing Address
 633 OSCEOLA AVENUE 633 OSCEOLA AVENUE
 P.O. BOX 1691 P.O. BOX 1691
 WINTER PARK FL 32780 WINTER PARK FL 32780

3. Date Incorporated or Qualified
 11/15/1961
 4. FEI Number 59-1102352
 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 633 Osceola Avenue 26
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 P.O. Box 1691 27
 City & State City & State
 23 Winter Park, FL 28 Winter Park, FL
 Zip Country Zip Country
 24 32789 25 32790 29 32790 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 KNIGHT, RANDAL
 645 WOODRIDGE DR
 FERN PARK FL 32730

10. Name and Address of New Registered Agent
 81 Name Donald S. Martin
 82 Street Address (P.O. Box Number is Not Acceptable) 2219 Whitehall Dr.
 83
 84 City Winter Park, FL FL 85 Zip Code 32792

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
 SIGNATURE Donald S. Martin Donald S. Martin, President 6/30/98
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
TITLE	ST <input checked="" type="checkbox"/> DELETE	1.1 TITLE Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BALDWIN, RUSSELL R	1.2 NAME William Carter
STREET ADDRESS	2105 N. PARK AVENUE	1.3 STREET ADDRESS 188 Crestview Way
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP Yardley, PA 19067
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT, RANDAL	2.2 NAME Randal Knight
STREET ADDRESS	645 WOODRIDGE DR	2.3 STREET ADDRESS 645 Woodridge Dr.
CITY-ST-ZIP	FERN PARK FL	2.4 CITY-ST-ZIP Fern Park, FL 32730
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROVILLION, ALLEN	3.2 NAME
STREET ADDRESS	1312 PALMETTO AVENUE	3.3 STREET ADDRESS
CITY-ST-ZIP	WINTER PARK FL 32789	3.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORAN, MARGARET	4.2 NAME Margaret D. Moran
STREET ADDRESS	2500 LEE RD #131	4.3 STREET ADDRESS 2500 Lee Road, #131
CITY-ST-ZIP	WINTER PARK FL 32789	4.4 CITY-ST-ZIP Winter Park, FL 32789
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, DON	5.2 NAME Donald S. Martin
STREET ADDRESS	2219 WHITEHALL DR	5.3 STREET ADDRESS 2219 Whitehall Dr.
CITY-ST-ZIP	WINTER PARK FL	5.4 CITY-ST-ZIP Winter Park, FL 32792
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUSKA, WILLIAM	6.2 NAME
STREET ADDRESS	2141 PAGET CIRCLE	6.3 STREET ADDRESS
CITY-ST-ZIP	NAPLES FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.
 SIGNATURE: MARGARET D. MORAN 7/1/98 (407) 647-6294
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E037 (5/98)