

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:21

DOCUMENT # 705001 (6)

1. Corporation Name
THE POLISH AMERICAN CLUB OF FORT LAUDERDALE, FLORIDA, INC.

Principal Place of Business Mailing Address
935 ROCK ISLAND RD NORTH LAUDERDALE FL 33068

2. Principal Place of Business 26. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified 12/31/1962 3a. Date of Last Report 02/21/1994
4. FEI Number 51-0166627 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
BUREK, WILLIAM J
935 ROCK ISLAND RD
NO LAUDERDALE FL 33068

10. Name and Address of New Registered Agent
81 Name Ferraro, Joseph
82 Street Address (P.O. Box Number is Not Acceptable) 6193 Rock Island Rd #313
83
84 City TAMARAC FL 85 Zip Code 33314

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 Joseph Ferraro [Signature] 2-6-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PYLYPIW, STEFAN
STREET ADDRESS	6909 NW 77 STR
CITY-ST-ZIP	TAMARAC FL
TITLE	DV
NAME	MULARCZYK, JOSEF
STREET ADDRESS	602 SW 75 AVE
CITY-ST-ZIP	NO LAUDERDALE FL
TITLE	DV
NAME	WHEELER, FRANK
STREET ADDRESS	5903 NW 57 CT #D111
CITY-ST-ZIP	TAMARAC FL
TITLE	SD
NAME	MARGRABIA, LOUISE
STREET ADDRESS	6200 SW 5TH PL
CITY-ST-ZIP	PLANTATION FL
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DV Brodzinski, Chester
2.3 STREET ADDRESS	7406 Woodmont Terr #201
2.4 CITY-ST-ZIP	TAMARAC FL 33321
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DV David, Chester
3.3 STREET ADDRESS	7011 NW 49 AVE
3.4 CITY-ST-ZIP	TAMARAC, FL 33321
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Stefan Pylypiw [Signature] 2-6-95 305-721-2335
Signature and typed or printed name of signing officer or director Date