

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Jul 26, 1999 8:00 am**  
**Secretary of State**

07-26-1999 90001 023 \*\*\*\*61.25

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # 713104**

1. Corporation Name  
**THE POLISH-AMERICAN CLUB OF HOLLYWOOD, FLORIDA, INC.**

Principal Place of Business  
 3861 STIRLING ROAD  
 FT. LAUDERDALE FL 33312

Mailing Address  
 3861 STIRLING ROAD  
 FT. LAUDERDALE FL 33312



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	07/25/1967	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Country	59-6143418	
24	Country	29	Country	Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
POLUKORT, BERNICE 3420 SW 47TH AVE HOLLYWOOD FL 33021				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PRESIDENT
NAME	POLUKORT, WALTER	1.2 NAME	WILLIAM GAWARECKI
STREET ADDRESS	3420 SW 47TH AVE	1.3 STREET ADDRESS	4670 NE 15th AVENUE
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33334
TITLE	V	2.1 TITLE	vice-president
NAME	GAWARECKI, WILLIAM	2.2 NAME	RANASUK, AL
STREET ADDRESS	4670 NW 15TH AVE	2.3 STREET ADDRESS	5790 SW 35th AVENUE
CITY-ST-ZIP	FT-LAUDERDALE FL	2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33312
TITLE	T	3.1 TITLE	
NAME	MUSIAL, ADRIAN	3.2 NAME	
STREET ADDRESS	6761 MCCLELLAN ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	EVANS, CLARA	4.2 NAME	
STREET ADDRESS	2870 NW 106TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	ZIGMUNT, DORIS	5.2 NAME	
STREET ADDRESS	2600 SIMMS ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	5.4 CITY-ST-ZIP	
TITLE	FS	6.1 TITLE	Financial Secretary
NAME	BISTRIMOVICH, VERY	6.2 NAME	Edwards, Randi
STREET ADDRESS	7770 NW 50TH STREET, #510	6.3 STREET ADDRESS	7608 Simms Street
CITY-ST-ZIP	LAUDERHILL FL 33351	6.4 CITY-ST-ZIP	Hollywood, FL 33024

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, with all other like empowered.

SIGNATURE: *Adrian Musial* 7/9/99 954-989-2385  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)