FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Jan 15 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 844008

(3)

POLYTEK CORPORATION

STREET ADDRESS

Principal Plac	e of Business	Mailing Address			n immini iditet bingis midis dantet manter tänir	n immili iditet kinis didis dibitt malat tärt didis didis didis dibit dibit dibit	
2506 SUNNY SHORES DR TAMPA FL 33618		2506 SUNNY SHORES DR TAMPA FL 33618-2324 US					
		••			3. Date Incorporated or Qualified 08/29/1979	3a. Date of Last Report 03/25/1996	
2. Principal Place of Business 21		2a. Mailing Address 26 Suite, Apt. #, etc. 27			4. FEI Number	Applied For	
					59-1877006	59-1877006 Not Applicable	
Surte, Apt. #, etc 22					5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing \$5.00 May Be			
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	<u></u>	Zip Country		8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes See Yes No		
24	25 9. Name and Address of Curre	29 nt Registered Agent	30	·	10. Name and Address of New Re		
DET.		it trogistores Agent		81 Name		gianios Agont	
PETRYNI, THADDEUS S 2506 SUNNY SHORES DR							
	PA FL			B2 Stree	t Address (P.O. Box Number is Not Acceptable)		
I AM	IFA FL		<u> </u>	83			
			Ļ				
				84 City		FL 85 Zip Code	
11. Pursuarit off-ce or i agent. Fa	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obtig)2 and 607.1508, Florida Stati of Florida, Such change was allions of, Section 607.0505, F	utes, the ab authorized lorida Statu	ove-name by the co ites.	d corporation submits this statement for the proporation's board of directors. I hereby acce	ourpose of changing its registered of the appointment as registered	
SIGNATURE							
	Signature, typed or purified name of regis is at ag			Agent signatu	are required when reinstaling)	DATE	
12.	OFFICERS AN	ID DIRECTORS DELETE	13. 1,1 TiT	<u> </u>	ADDITIONS/CHANGES TO OFFICE	Change Addition	
NAME	PETRYNI, THADDEUS S		1.2 NA			Orange Addition	
STREET ADDRESS	2506 SUNNY SHORES DR			et Ret address			
CITY - ST - ZIP	TAMPA FL			Y-\$T-2IP	'		
TITLE	VS	DELETE	2 1 TIT			Change Addition	
NAME	PETRYNI, MARIKA		2 2 NA	ME		-	
STREET ADDRESS	2506 SUNNY SHORES DR		2 3 STI	REET ADDRESS	s {	:	
City - St - ZIP	TAMPA FL		2 4 CI	IY-S1-ZIP			
TITLE	V	☐ DETETE	3 1 TIT	LE		Change Addition	
NAME	QUARANTOTTO, VERONIQUE		3 2 NA	ME	ļ		
STREET ADDRESS	2506 SUNNY SHORE DR.		33511	REET ADDRESS			
CITY-ST-7/P	TAMPA FL		3 4. Cf	Y-ST-ZIP			
TITLE		☐ DELETE	4 1 111			Change Addition	
NAME			4. 2 N/	ME			
STREET ADORESS				REET ADDRESS			
CITY-SI-ZiP				Y - ST - ZIP			
THICE		DEFETE	5.1 11		1	Change Addition	
NAME			5.2 NA				
STREET ADDRESS				REET ADDRESS	5		
CITY-ST-ZiP		T bereze		Y-ST-2IP			
THILE		☐ DELETE	6.1 TIT			Change	
NAME	1		6 2 NA	ME			

6.3 STREET ADDRESS 64 CITY-\$1-7IP 14. I do 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 it am an officer or orrector of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name