

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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 MAR 29 PM 6:45

DOCUMENT # **G71712 (5)**

1. Corporation Name
GUZOWSKI & STEPPE ORGAN BUILDERS, INC.

Principal Place of Business Mailing Address
4717 NE 12TH AVENUE FT LAUDERDALE FL 33334 **4717 NE 12TH AVENUE FT LAUDERDALE FL 33334**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/18/1983** 3a. Date of Last Report **04/07/1994**
4. FEI Number **59-2355361** 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**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONNER, R.E.
9884 S.W. 5TH COURT
PLANTATION FL 33324

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **9 GABLES BLVD.**
83 **FORT LAUDERDALE**
84 City **FL** 85 Zip Code **33326**

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

Signature (typed or printed name of registered agent and title if applicable)

86 (Registered Agent signature required when certifying)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD GUZOWSKI, WALTER A 1217 SW 4TH CT FT LAUDERDALE, FL 00000	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY, ST, ZIP		1.4 CITY, ST, ZIP	
TITLE	VD STEPPE, JOHN 1908 SW 14TH CT FT. LAUDERDALE FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE	STD KANE, CHRISTOPHER 1350 RIVER REACH #219 FT. LAUDERDALE FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE	D KOZACKI, WALTER 6339 MULBERRY LAND MACUNGIE PA	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE	D KOZACKI, MARGARET 6339 MULBERRYLANE MACUNGIE, PA 00000	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I, the hereby certify that the information supplied with this filing is voluntarily furnished and does not equate for the exemption stated in Section 119.07(2)(b), 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 registrar or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this document, or on an attachment with an address.

SIGNATURE:

Christopher B Kane
SIGNATURE AND TYPE OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR
CHRISTOPHER B KANE

3/24/95 - 306-7416852
DATE TELEPHONE #