

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G71712 (5)**

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



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

2. Principal Place of Business: **21 1070 NE 48th COURT**  
Suite, Apt. #, etc.  
City & State: **22 FORT LAUDERDALE, FL**  
Zip: **24 33334** Country: **25**  
2a. Mailing Address: **26 1070 NE 48th COURT**  
Suite, Apt. #, etc.  
City & State: **27 FORT LAUDERDALE, FL**  
Zip: **29 33334** Country: **30**

3. Date Incorporated or Qualified: **11/18/1983**  
3a. Date of Last Report: **03/29/1995**  
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

9. Name and Address of Current Registered Agent  
**CONNER, R.E.  
9 GABLES BLVD  
FT LAUDERDALE FL 33326**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 \_\_\_\_\_ Date \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GUZOWSKI, WALTER A	
STREET ADDRESS	1217 SW 4TH CT	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STEPPE, JOHN	
STREET ADDRESS	1808 SW 14TH CT	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	KANE, CHRISTOPHER	
STREET ADDRESS	1350 RIVER REACH #219	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOZACKI, WALTER	
STREET ADDRESS	6339 MULBERRY LAND	
CITY-ST-ZIP	MACUNGIE PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOZACKI, MARGARET	
STREET ADDRESS	6339 MULBERRYLANE	
CITY-ST-ZIP	MACUNGIE, PA 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Christopher B Kane*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
CHRISTOPHER B KANE

4/18/96  
305 491 6852  
Date  
Corporate Phone #

CR2E034 (12/95)