2-11-97B- 1675 -C

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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H08555

(5)

NYJOLA S. GRYBAUSKAS, P.A.

	FILEI)
Feb 11	1997	8:00am
Secre	etary c	of State

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Principal Pla	Principal Place of Business Mailing Address 631 FIFTH AVENUE NORTH NYJOLA S. GRYBAUSKAS ST. PETERSBURG FL 33713				010A 010H 1						
% NYJOLA S.					٠						
					********		<u></u>	3. Date Incorporated or Qualified 06/12/1984		ie of Last F 0/1996	Report
	Place of Business		Mailing Address					4. FEI Number		h	oplied For
Suite, Ap	t # oto	26	Suite, Apt. #, etc.					59-2420284			ot Applicable
22		27						5. Certificate of Status Desired			Additional equired
City & Sta	ate	28	City & State					Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country		Zip		ountry			8. This corporation has liability for	intangible		
24	25	29		30					Yes 5		
	9. Name and Address of Cu	rrent Regist	tered Agent		1_			10. Name and Address of New Re	gistered /	gent	
GR	YBAUSKAS, NYJOLA S.				81	Nan	ne				
3831 FIFTH AVENUE NORTH			82	Stree	et Address	s (P.O. Box Number is Not Acceptat	ole)				
	PETERSBURG FL 33713				83						
					84	City		······································	P*1	85 Zip	Code
		·, · · · · · · · · · · · · · · · · · ·						ation submits this statement for the p	FL		
office or agent. I SIGNATURE	am familiar with, and accept the o	bligations of	, Section 607.0505,	Florida S	tatute	S.		's board of directors, I hereby acce		ointment as	registered
46	Signature typed or printed name of registers	<u></u>				int signa	ture required v	when reinstating)	DATE	DIDECTO	20.01.40
12.		AND DIREC	DELETE	1	·		T	ADDITIONS/CHANGES TO OFFIC	ENS AND	Change	Addition
1flue notes	PVTS		☐ percit		1 TITLE		}			C) change	- Moniton
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STREET ADDRESS	ST. PETERSBURG FL					ADDRES	55				
CITY - S1 - ZIP TITLE	SI. PETENSOONG PL		DELETE		CITY-S	1-211				Change	Addition
NAME	-			ſ	NAME		Ī			tra numita	1,
STREET ADDRESS	2					ADDRES					
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TITLE			☐ DELETE		TITLE	21 2	·			☐ Change	Addition
NAME				3.2	2 NAME						
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CITY-S1-ZIP				4.	CITY-S	T-ZIP					
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				5.	THELL						
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name Street address	s			5:	2 NAME	ADDRES	ss	· · · · · · · · · · · · · · · · · · ·		_ •	
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STREET ADDRESS CITY-ST-ZIP TITLE				5.3 5.3 6.3 6.3 6.3	2 NAME 3 STREET 4 CITY - S 1 TITLE 2 NAME	T-ZIP ADDRES				Change	Addition

I. 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 control or supplemental armual 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 effector of the provided in the property of the provided in the

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

INVIOLE ISL Grybauskas

1-29-97

(813)323-5405

Daytime Phone t