

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

**CORPORATION
ANNUAL REPORT
1995**



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

Certified Mail
APPROVED
AND
FILED
2-237-492-153

DOCUMENT # H24122

(4)

1. Corporation Name
CIOLEK, INC.

SE MAY -1 4 15:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**20765 DEL LUNA DRIVE
BOCA RATON FL 33433**

**20765 DEL LUNA DRIVE
BOCA RATON FL 33433**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/04/1984

3a. Date of Last Report
01/28/1994

4. FFI Number
59-2457172

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. State Apt. # etc.

26. State Apt. # etc.

23. City & State

27. City & State

24. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KEKARAINEN, JOHN
20765 DEL LUNA DRIVE
BOCA RATON FL 33433**

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 1907.01(2) and 1907.15(8) 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, Sections 1907.01(2) Florida Statutes.

SIGNATURE

Signature of Registered Agent (If appointed agent is different from above)

Signature of Registered Agent (If appointed agent is same as above)

Signature

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	STD
NAME	CICOLI-KEKARAINEN C.
STREET ADDRESS	20765 DEL LUNA DRIVE
CITY, ST, ZIP	BOCA RATON FL
TITLE	PD
NAME	KEKARAINEN, JOHN
STREET ADDRESS	20765 DEL LUNA DRIVE
CITY, ST, ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 191.07(1)(b) Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as a made under oath that I am an officer or director of the corporation or the manager or trustee empowered to execute this report as required by Chapter 689, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE *Christiane Cicoli Kekarainen, Director* 4/27/95 (407) 483-6184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Christiane Cicoli Kekarainen, Director