PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # H65386

MARK J. NOWICKI, P.A.

FLORIDA DEPARTMENT OF STATE	· FILED
Katherine Harris	Mar 17, 1999 8:00 am
Secretary of State	Secretary of State
DIVISION OF CORPORATIONS	Secretary of State
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Principal Place	of Business	Mailing Addre	ss				1110 0111 0101 01		
14155 US HWY	ONE	14155 US HWY	ONE						
STE 302		STE 302				DO NOT WR	TE IN TUIC	SDACE	
JUNO BCH FL	33408	JUNO BEACH (FL 33408			3. Date Incorporated or Qualifed		SFACE	
us		US				06/20/1985			
2. Principal Pl	ace of Business	2a. Mailing Ad	ldress			4, FEI Number			Applied For
21		26				<u>59-2543398</u>			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt.	Suite, Apt. #, etc.			5. Certifcate of Status Desired \$8.75 Additional Fee Required			
City & State	9	City & Sta	te			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	d to Fees
Zip	Country	Zip		Country		8. This corporation owes the cur	rent year Int		
24		29	30			Personal Property Tax.		Yes	□No □
	9. Name and Address of Curre	nt Registered Ager	ıt	[10. Name and Address of New	Registered	Agent	
				81	Name				į
	/ICKI, MARK J.			82	Street Add	ress (P.O. Box Number is Not Accept	able)		
	5 US HWY ONE			1	00		· · · · · · · · · · · · · · · · · · ·	<u> </u>	
STE				83					
JUNG	D BEACH FL 33408			84	Cit.			85 Zig	p Code
				04	City		FL	. 63 ~''	, 0000
office of fo agent, I all SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such ch pations of, Section 60	17.0505, Florida	Statutes	•	on's board of directors. I hereby acce		milent as	
	Signature, typed or printed name of registered ag		(NOTE: Regi	<u>-</u> _	i signature require	ad when reinstating)	DATE	D DIDECT	TODE IN 12
12.		ND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OF	FICERS AN	Change	
TITLE	PD	L	DELETE	11 TITLE	Į				
NAME	NOWICKI, MARK J.			1.2 NAME					}
STREET ADORESS	14155 US HWY ONE, STE 30	12		1.3 STREET	1				
CITY-ST-ZIP	JUNO BEACH FL		DELETE	1.4 CITY-S	r-ZJP			☐ Change	e Addition
TITLE	_	i_		2.1 TITLE					s [] Abbiton
NAME	•		4	2.2 NAME					ļ
STREET ADDRESS				2.3 STREE					ľ
CITY-ST-ZIP				2. 4 CITY-S	T-ZIP			Change	e Addition
TITLE		L		3.1 TITLE				Choulde	2 (1,000,001)
NAME				32 NAME					
STREET ADDRESS			1	3.3 STREE	ì				
CITY-ST-ZIP				3.4. CITY-5	T-ZIP			Change	e Addition
TITLE		L,		4.1 TITLE				L. J Gliariyi	C LINUIDIN
NAME				4.2 NAME					ľ
STREET ADDRESS				4.3 STREE	ADDRESS				
CITY-ST-ZIP				4.4 CITY-S	T-ZIP			☐ Chang	e Addition
TITLE		L_		5.1 TITLE					2 D Yadiboti
NAME			:	5.2 NAME					
STREET ADDRESS	· -			5.3 STREE]
C/TY-\$T-ZIP				5.4 CITY-S	I-ZIP			Chase	e
TITLE		£_	Decere	6.1 TITLE	}			☐ Chang	e [_] Muninous
NAME				6.2 NAME					
STREET ADDRESS			Į	6.3 STREE	Į.				
CITY, ST. 7IP				6.4 CITY-S	T-23P				

14. I hereby certify that the information supplied with this filling 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR