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

PROFIT -**CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J09141

GRZYRO	WSKI COMMERCIAL POOL (SERVICES, INC.					
GIZTBOWON CONMINICIONE FOCE CENTIOLOS INC.					I INDENIA DIN BUND IBREI MEN DIBUT INDI AN	III BURN DIBN BIRN BI	ATT ROOM (AA)
Principal Place	e of Business	Mailing Address				411 #1811 BIBIT GIBIT GI	\$11 W1011 10B3
817 N FEDERAL	HIGHWAY	817 N FEDERAL HIGHWAY				,	
DELRAY BCH. FL 33483 DELRAY BCH. FL 33483				DO NOT WRITE IN T	HIS SPACE : 1915		
US		US			3. Date incorporated or Qualifed	HIS SPACE	
					04/14/1986		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	App	lied For
21	Bos of Basiness	26			59-2678991	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 A	dditional
22 27					5. Certificate of Status Desired	Fee Red	luired
City & State City & State					6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the current year		□No
24	25	29 30	0		Personal Property Tax.		
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Register	red Agent	
LITO	echt, steven, t, esq						
4800 N FEDERAL HWY, SUITE 205-B			82	Street Add	dress (P.O. Box Number is Not Acceptable)		!
	E 440	· · · · · ·	83	<u> </u>	* 15. Set \$410 Loss Auth \$185 Aut.	2: 0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	31 212 141
. ,	A RATON 33431	;			一 11、 11、 11、 11、 11、 11、 11、 11、 11、 11		HI ALK INK
			84	City	THE PARTY OF THE P	85 Zip C	ode' "
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statutes.	, the above	e-named cor	poration submits this statement for the purpos	e of changing its	egistered
office or n	egistered agent, or both, in the State o	Florida, Such change was authors of Section 607 0505. Florid	nonized by	the corporat	poration submits this statement for the purpos- tion's board of directors. I hereby accept the a	opointment as reg	istered
} ·	m lamiliar with, and accept the congain	ona di, decilon doribada, mona	a Cibiatos	•	,		٠, •:
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Ager	nt signature requi	red when reinstating); DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	☐ DELETE	1.1 TITLE		52 (2 Wash	Change	☐ Addition
NAME ·	GRZYBOWSKI, JOSEPH F.		1.2 NAME				
STREET ADDRESS	5260 NW 55 BLVD #203		1.3 STREET	TADDRESS	•		
CITY-ST-ZIP	COCONUT CREEK FL		1.4 CITY+ST-ZIP 2.1 TITLE			☐ Change	Addition
TITLE	SD.	·			•	□ Cilange	☐ Addition
NAME .	GRZYBOWSKI, HELENE R.		2.2 NAME			14	
STREET ADDRESS	5260 NW 55 BLVD #203			TADDRESS	•		
CITY-ST-ZIP	COCONUT CREEK FL	☐ DELETE	2.4 CFTY-S 3.1 TITLE	51-ZIP		☐ Change	Addition
TITLE	KAT. SEVER 1. FOR	_	3.2 NAME				_
NAME STREET ADDRESS	制度等 湖口 医环光点		I	TADORESS			
35465		s	3.4. CITY-S				
CITY-ST-ZIP.	हा चन्द्राच्या त्राचन क्षा कर्मा क्षा कर्मा क	☐ DELETE	4.1 TITLE	51-21		☐ Change	Addition
			4. 2 NAME			•	
NAME STREET ADDRESS	Manager and a second		B .	T ADDRESS			
CITY-ST-ZIP	The Mark the Control of the Control		4.4 CITY-S	ST-ZIP	<u> </u>		
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME	Control of the second	A 1 A 14 A 14 A 15 A 17	5.2 NAME	•		4	
STREET ADDRESS	and the second s		5.3 STREE	T ADDRESS	مدامه والدحات المصمد الالمراء الماسي ودوالتهاوا اوا		
CITY-ST-ZIP	PROPERTY OF A STATE OF	· · · · ·	5.4 CITY-S	ST-ZIP	19 公司總書第一十六		- 14 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
TITLE	CONCERNATIONS, CARLESTON	DELETE.	6.1 TITLE			☐ Change	☐ 'Addition
NAME	SEED 1984 20 (1995) 100		6.2 NAME	1			

14. I 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 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.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 03, 1999 8:00am

Secretary of State

02-03-1999 90025 035 ***150.00