

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

FILED
Apr 23 1996 8:00 am
Secretary of State

DOCUMENT # **J22986** (0)
1. Corporation Name
JOE BARTOSIK, INC.



Principal Place of Business 3905 INVESTMENT LN STE 22 RIVIERA BEACH FL 33404 US		Mailing Address 3905 INVESTMENT LANE UNIT 22 RIVIERA BEACH FL 33404 US		3. Date Incorporated or Qualified 07/07/1986	3a. Date of Last Report 05/01/1995
21. Principal Place of Business	22. Suite, Apt. #, etc.	23. City & State	24. Zip	25. Country	26. Mailing Address
27. Suite, Apt. #, etc.	28. City & State	29. Zip	30. Country	4. FEI Number 59-2706919	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Election Campaign financing Trust Fund Contribution <input type="checkbox"/>			\$5.00 May Be Added to Fees		
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent BARTOSIK, JOSEPH ANTHONY 14270 87TH COURT NORTH LOXAHATCHEE FL 33470		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 _____ (NOTE: Registered Agent signature required when registered agent changes)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTOSIK, JOSEPH ANTHONY	1.2 NAME	
STREET ADDRESS	14270 87TH COURT NORTH	1.3 STREET ADDRESS	
CITY - ST - ZIP	LOXAHATCHEE FL	1.4 CITY - ST - ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTOSIK, JOSEPH ANTHONY	2.2 NAME	
STREET ADDRESS	14270 87TH CT., NORTH	2.3 STREET ADDRESS	
CITY - ST - ZIP	LOXAHATCHEE FL	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTOSIK, LYNDY CAROL	3.2 NAME	
STREET ADDRESS	14270 87TH COURT NORTH	3.3 STREET ADDRESS	
CITY - ST - ZIP	LOXAHATCHEE FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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: *Joseph Bartosik* 4-18-96 407-842-7343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (12/95)