

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

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**Apr 18 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33404-1744 US
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3. Date Incorporated or Qualified 07/07/1986	3a. Date of Last Report 04/23/1996
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29 30

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) 11152 88th Road North		
83	84 City Palm Beach Gardens FL 85 Zip Code 33412		

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PVP	NAME BARTOSIK, JOSEPH ANTHONY	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 14270 87TH COURT NORTH- LOXAHATCHEE FL	CITY-ST-ZIP	1.2 NAME	1.3 STREET ADDRESS 11152 88th Road North
TITLE TD	NAME BARTOSIK, JOSEPH ANTHONY	1.4 CITY-ST-ZIP Palm Beach Gardens, FL 33412	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 14270 87TH CT., NORTH LOXAHATCHEE FL	CITY-ST-ZIP	2.2 NAME	2.3 STREET ADDRESS 11152 88th Road North
TITLE S	NAME BARTOSIK, LYNDA CAROL	2.4 CITY-ST-ZIP Palm Beach Gardens, FL 33412	2.4 CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 14270 87TH COURT NORTH- LOXAHATCHEE FL	CITY-ST-ZIP	3.1 TITLE	3.2 NAME
TITLE	NAME	3.3 STREET ADDRESS 11152 88th Road North	3.4 CITY-ST-ZIP Palm Beach Gardens, FL 33412
STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME
TITLE	NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME
TITLE	NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME
TITLE	NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
STREET ADDRESS	CITY-ST-ZIP		

14. 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 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: *Lynda C. Bartosik* *Lynda C. Bartosik* Date: 561-842-7343
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)