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

PROFIT CORPORATION ANNUAL REPORT

1998

TITLE

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name

MAKOWSKI & WRIGHT, INC.

(1)

FILED Jan 26 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					T TO A THE A THE A THEO THE STATE OF THE SECTION OF THE STATE OF THE S		
% Frank Makowski 1135 N.Krome Ave. Homestead Fl 33030		1135 N.KROME	% Frank Makowski 1135 N.Krome ave. Homestead FL 33030		DO NOT WRITE IN TH	IS SPACE	
		HOMEOTERS TE			3. Date Incorporated or Qualified		
					07/08/1986		
2. Principal Place of Business 2a. Ma			Mailing Address		4. FEt Number	Applied For	
21		26	26		59-2696405	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			\$8.75 Additional	
22		27			5. Certificate of Status Desired	Fee Required	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	—	ountry	8. This corporation owes or has paid the	current year Intangible	
24	25	29	30		Personal Property Tax due June 30.	Yes No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
MAKOWSKI, FRANK				81 Name			
1135 N. KROME AVE.				82 Street A	ddress (P.O. Box Number is Not Acceptable)		
HOMESTEAD FL 33030							
				83			
				84 City		85 Zip Code	
11. Pursuant office or agent. I a	to the provisions of Sections registered agent, or both, in am familier with, and accept	s 607.0502 and 607.1508, Florid, the State of Florida, Such chang the obligations of, Section 607.0	a Statutes, the je was authoriz 505, Florida St	above-named of ed by the corpo atutes.	corporation submits this statement for the purpose oration's board of directors. I hereby accept the a	of changing its registered pointment as registered	
SIGNATURE					equired when reinstating) DATE		
Signature, typed or printed name of registered agent and title if applicable (NOTE: i 12. OFFICERS AND DIRECTORS					ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PI	☐ DEL	13. ETE 1.1	TITLE	ABBITION AND TO CITION A	Change Addition	
NAME	MAKOWSKI, FRANK		1.2	NAME		_ , _ ;	
STREET ADDRESS	1135 N. KROME AVE		1.3	STREET ADDRESS			
CITY-ST-ZIP	HOMESTEAD FL		1.4	CITY-ST-ZIP			
TITLE	VS	☐ DEL		TITLE		Change Addition	
NAME	WRIGHT, GEORGIA	4	2.21	NAME			
STREET ADDRESS	7753 SW 118 PL		2.3	STREET ADDRESS			
CITY-ST-ZIP	MAMI FL 33183		2.4	CITY - ST - ZIP			
TITLE		☐ DEL		TITLE	_	Change Addition	
NAME			3.21	NAME			
STREET ADDRESS			3.3	STREET ADDRESS			
CITY-ST-ZIP			3.4.	CITY-ST-ZIP			

6.4 CITY - ST - ZIP 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.

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

DELETE

☐ DELETE

DELETE

1/10/00 (200) 247-1350

☐ Change

Change

Change

☐ Addition

Addition

Addition