FILE NOW: FILI	ING FEE AFTE	R MAY 1 IS \$225.0
PROFIT	S. 6 1	FLORIDA DEPARTMENT OF STA
	(47) • Telephone (1)	

FILE NOW: FI	LING FEE AFTI	FK MAA 1 19	\$220.00		
PROFIT CORPORATION ANNUAL REPORT 1996		Secretar	TMENT OF STATE Mortham y of State ORPORATIONS		
DOCUMENT # 1. Corporation Name KENNETH SUCHO	J68723 RSKI, INC.	(2)			
Principal Place of Business		oiling Address			
4520 NE 15TH AVENUE POMPANO BEACH FL 33064		4520 NE 15TH AVENUE POMPANO BEACH FL 33064			
2. Principal Place of Business	2a 26	. Mailing Address			
Suite, Apt. #, etc.	27				
City & State	28 Country	City & State	Country		
Zip	Country [29	1	30		

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SUCHORSKI, KENNETH 4520 N.E. 15TH AVENUE

POMPANO BEACH FL 33064

9. Name and Address of Current Registered Agent

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8. This corporation has liability for intangible tax under s. 199.032. Yes No

10. Name and Address of New Registered Agent

3a. Date of Last Report 02/07/1995

Applied For

\$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

59-2805855

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Florida Statutes

Street Address (P.O. Box Number is Not Acceptable)

04/19/1987

4, FEI Number

POMPANU BEACH PL 33004				
			84 City	FL 85 Zip Code
				-t changing its registered office
11. Pursuant to or registered familiar with	the provisions of Sections 607,0502 and diagent, or both, in the State of Floridal St., and accept the obligations of, Section 60	E07.1508, Florida Statutes ich change was authorized 17.0505, Florida Statutes.	, the above named corpor I by the corporation's boar	ation submits this statement for the purpose of changing its registered office of directors. Thereby accept the appointment as registered agent. I am
SIGNATURE .	gration typed or project nation of negation forget and the	NOTE OF THE PROPERTY OF THE PR	Highwell Agents put in require	Twise resoluting: DATE
s	grature, typed or printed manuschings the fagor hard to OFFICERS AND DIF		T 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TRANSPORTED TO
12.		DELETE	1 1 TITLE	Change Addition
TIFLE	PD SHOUGHOUS KENNETH	<u></u>	1.2 NAVE]
NAME	SUCHORSKI, KENNETH		13 STREET ADDRESS	
STREET ADDRESS	4520 NE 15 AVE		1.4 CHY-ST-ZIP	
CITY - ST - ZIP	POMPANO BCH FL	[] DECETE	2 1 H/LF	Change Addition
TITLE			2.2 NAME	
NAME			23 STREET ADDRESS	
STREET ADDRESS			2.4 City S*-ZiP	
CITY - ST - ZIP		DELETE	3 1 1/11 8	Change Add-hon
TITLE		L week	3.2 NAME	
NAME			3.3 STREET ADDRESS	
STREET ADDRESS			3.4 CITY - \$1 - ZIP	
CITY - ST - ZIP		CT DELETE	4 1 11(JE	Change Addition
TITLE		[] (Усес п	4.2 NAM:	
NAME			4.3 STREET ADDRESS	
STREET ADDRESS			4.4 C-1Y - S1 - 216'	
CITY - ST - ZIP		☐ DELF16	5 11016	Change Addition
TITLE		Dietru	5.2 NAME	
NAME			5.3 STREET ADDRESS	
STREET ADDRESS			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
CITY - ST - ZIP		T DELETE	5 4 CHY - S1 - ZIP 6 1 TiTLE	Change Addition
TITLE		L] Office	6 2 NAME	
NAME			•	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY, ST. 7P			6.4 CITY - ST - 7'F	fry the exemption stated in Section 119.07(3)(k), Florida Statutes I further

81 Name

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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 arrival report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under certify that the information indicated on this arrival report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under certify that the information indicated on this arrival report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under certify that the information indicated on this arrival report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under certify that the information indicated on this arrival report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under certify that the information indicated on this arrival report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under certify that the information indicated on this arrival report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under certify that the information indicated on this arrival report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if under the certific that it is a supplemental annual report is true and accurate and that my signature shall have the same logal effect as if under the certific that it is a supplemental annual report is true and accurate and that my signature shall have the same logal effect as if under the certific that it is a supplemental annual report is true and accurate and that my signature

SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR SUCHORSKI

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