FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00  PROFIT  FLORIDA DEPARTMENT OF STATE							FILED			
COF	RPORATION	FLORIDA DEF	PARTMEN a B. <b>M</b> oj			Mar 03 1998 8:00an				
ANNUAL REPORT  1998			Secretary of State DIVISION OF CORPORATIONS				Secretary of State			
DOCUI 1. Corporation	MENT # NAMES, INC.	J80779	(8)							
Principal Place of Business  125 WORTH AVE			Mailing Address 125 WORTH AVE							
STE 318 PALM BCH FL 33480			STE 318 PALM BCH FL 33480				DO NOT WRITE IN THIS SPACE			
US			US				3. Date Incorporated or Qualified			
2. Principal P	lace of Business	<u> </u>	2a. Mailing Address		02		06/29/1987 4. FEI Number	<del>-</del>	I Ar	pplied For
21 <u>277</u>		Poinciana	<sup>26</sup> 1.0, 60	<u> 2X                                    </u>	<u> 2558</u>		65-0009147	1	No	ot Applicable
Suite, Apt.	<b>"</b> 102	WAY	Suite, Apt. #, etc.				5. Certificate of Status Desired	X	<b>+</b>	Additional equired
City & State	M BEAU	ען ען	City & State	BEA		i	Election Campaign Financing     Trust Fund Contribution	X	Added	May Be to Fees
Zip <b>33</b> 4	8O 25	the same that the same to be a second to the same to be a second to the same to be a second to the same to be a	29 <sup>7(1)</sup> 33480	30]	0.5.A	7	8. This corporation owes or has Personal Property Tax due Jui	ne 30.	🔀 Yes 🗌	tangible ] No
,^	·-···	ddress of Current R	egistered Agent		81 Name		10. Name and Address of New I	Registered	Agent	
CIUMEN, ZUZISŁAW						Addre	ss (P.O. Box Number is Not Accept	able)		
	E 318	•			B3					
PAL	LM BCH FL 3348	Ю			B4 City				les 7:0	Codo
dd Danasant		(follows) dozierado						FL	<u> </u>	Code
office or re agent. I as	o the provisions of agistered agent, or m familiar with, and	sections 607,0502 at both, in the State of f Laccept the obligation	ng 607, 1508, Florida Sta Florida. Such change wa ris of. Section 607,0505.	itutes, trie as authori . Florida S	e above-named ized by the corp statutes.	poratio	pration submits this statement for the on's board of directors. I hereby acc	ept the app	or changing it pointment as	registered
SIGNATURE		d name of registered agent an								thrown to be a before the con-
12.	Signature, typed te periles	OFFICERS AND D	PIRECTORS		ored Agent signature 3.	required	ADDITIONS/CHANGES TO OFF	DATE ICERS ANI	DIRECTOR	3\$ IN 12
TITLE NAME	P Ciomek, Zdzi	WA ISI	☐ DELETE		1 TITLE 2 NAME	7	OMEK, ZDZIGLA	u.S	Change	Addition
STREET ADDRESS	125 WORTH A				3 STREET ADDRESS	7	O HOX 2558	2		
CITY-ST-ZIP	PALM BCH FL	<u> </u>	T SOUTH		4 CITY-ST-ZIP	14	ILM BEACH, FL	334°	80	- Castina
TITLE NAME			☐ DELETE		1 TITLE 2 NAME	27	17 ROYAL POINCE STE 102. 4LM BEACH, FL	KNK	WAY	Addition
STREET ADDRESS				2.7	3 STREET ADDRESS	و ا	STE IOZ	. 326	180	
CITY-ST-ZIP TITLE	,		DELETE		4 CITY - ST - ZIP 1 TITLE	F.	TOM PUNCHO FO		Change	Addition
NAME			-		? NAME					
STREET ADDRESS					3 STREET ADDRESS					
TITLE			DELETE		4. CITY-ST-ZIP 1 TITLE	<b> </b>			Change	Addition
NAME				4.	2 NAME					
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NAME				52	2 NAME					
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NAME				67	2 NAME					
STREET ADDRESS				1	STREET ADDRESS					
14. I hereby c	ertify that the inforr	nation supplied with t	his filing does not qualif	y for the e	1 CITY-ST-ZIP exemption state	l ed in S	ection 119.07(3)(i), Florida Statutes	I further co	ertify that the	information
officer or o	director of the corp	ort or supplemental an oration or the received god, or on an attachm	r or trustee empowered:	accurate a to execut	and that my sig e this report as	nature requi	e shall have the same legal effect as red by Chapter 607, Florida Statutes	if made ur s; and that i	nder oath; tha my name app	at I am an pears In