

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 23 PM 4:22

DOCUMENT # **K00866 (9)**

1. Corporation Name

JOSE LUIS WACZEWSKI & ASSOCIATES, INC.

Principal Place of Business

14125 LORD BARCLAY DR.
ORLANDO FL 32837
US

Mailing Address

14125 LORD BARCLAY DR.
ORLANDO FL 32837
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/03/1987** 3a. Date of Last Report **03/14/1994**

2. Principal Place of Business

21 State, Apt. #, etc.

2a. Mailing Address

26 State, Apt. #, etc.

4. FEI Number **59-2855316**

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

24 Zip

25 Country

29 Zip

30 Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WACZEWSKI, JAMES PAUL
14125 LORD BARCLAY DR.
ORLANDO FL 32837

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

(Signature of the current registered agent and the corporation)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE **D**
NAME **WACZEWSKI, JOE L**
STREET ADDRESS **14125 LORD BARCLAY DR.**
CITY, ST, ZIP **ORLANDO FL**

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE **ST**
NAME **WACZEWSKI, SUSAN R.**
STREET ADDRESS **14125 LORD BARCLAY DR.**
CITY, ST, ZIP **ORLANDO FL**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and checked carefully for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included 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 of this report, or on any attachment thereto.

SIGNATURE:

(PRINT AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

WACZEWSKI JOSE

2/21/95

(407) 438-1880