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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K56257

(4)

GURECKIS, INC.

FILED May 08 1997 8:00am Secretary of State

Principal Place of Business Mailing Address # JOHN GUERCKIS # JOHN GUERCKIS 1838 JAMES STREET - 1839 JAMES STREET 80UTH DAYTONA FL 32119-2073 SOUTH DAYTONA FL 32110-2078		378 —		
			3. Date Incorporated or Qualified 12/30/1988	3a. Date of Last Report 04/22/1996
2. Principal Place of Business	2a, Mailing Address 26 2454 5;	11 01	4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Nova Ka.	59-2932355 5. Certificate of Status Desired	Not Applicable \$8.75 Additional
City & State	City & State		<u> </u>	Fee Required
23	28 S. DayTona	FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 25 9. Name and Address of Curren	29 32 // 9 30	Volusia	B. This corporation has liability for in Florida Statutes 10. Name and Address of New Reg	Yes No
SOUTH DAYTONA FL 32019 11. Pursuant to the provisions of Sections 607 050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligations of SIGNATURE.	ations of, Section 607.0505, Florid	a Statules.		
Signature, typed or printed name of registered age 12. OFFICERS ANI		igistered Agent's gnature require	d when reinstating) ADDITIONS/CHANGES 10 OFFIC	ERS AND DIRECTORS IN 12
TITLE POT NAME GURECKIS, JOHN STREET ADDRESS 1838 JAMES STREET	DELETE	1.1 TRLE 1.2 NAME 1.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP SOUTH DAYTONA FL	DELETE	1.4 CITY-ST-ZIP		Change Addition
NAME STREET ADDRESS		21 TITLE 22 NAME 23 STREET ADDRESS	:	L Olionge L Auditral
CITY-ST-ZIP TITLE NAME	☐ DECETE	2. 4 C/TY - ST - 7/P 3.1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP		3,3 STREET ADDRESS 3,4, City-S1-7IP		
TITLE NAME	DELETE	4.1 TITLE 4 2 NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP		4.3 STREET ADDRESS 4.4 ICHTY - ST - ZIP		
TITLE NAME STREET ADDRESS	DELETE	5.1 TRIE 5.2 NAME 5.3 BTREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	☐ O£LÉTÉ	6.1 NITLE 6.1 NAME 6.3 DIRECT ADDRESS		Change Addition
CITY-ST-ZIP 14. I do hereby certify that the information supplier	d with this filing does not qualify to	6.4 DHY-S1-ZIP	in Section 119 07(3Vi) Florida Statuto	+ further cortify that the

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 eath; that I am an officer or director of the corporation or the receiver or trusters 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.

CIONATURE.

Anhi SICI

4/30/97

914/7/1-2001