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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 10 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00681

(1)

WUJEK, INC.

SIGNATURE:

Principal Place of Business 2201 N WOODLAND BLYD DELAND FL 32720 US	Mailing Address 2201 N WOODLAND BLVD DELAND FL 32720-1724 US				
	•		3. Date Incorporated or Qualified	3a. Date of Last Rep	ort
			07/06/1989	01/23/1996	
2. Principal Place of Business	2a. Mailing Address		4, FEI Number		ied For
Suite, Ant #, etc	Suite, Apt. #, etc.		59-3152103	S8.75 Ad	Applicable
22	27		5. Certificate of Status Desired	Fee Requ	
City & State	City & State		6. Election Campaign Financing	\$5.00 M □ Added to	
Ziμ Country	Z(p)	Country	Trust Fund Contribution 8. This corporation has liability for it		
25	h	30		Yes No	33.002.,
9. Name and Address of Curre	nt Registered Agent	•	10. Name and Address of New Re	gistered Agent	
WONEK, DIONE A.	USEK DIONE!	9 / 81 Name			
402 ACAGIA DR	OBLACKWELDER	82 Street Add	dress (P.O. Box Number is Not Acceptab	leì	·····
HARBOR OAKS FL 32127	ELEON Springs, P	- <u> </u>			
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		83			
•	3213	84 City		■■ 85 Zip Co	nde
11. Pursuant to the provisions of Sections 607.050				FL	
office or registered agent, or both, in the State agent I am familiar with, and accept the oblig	pations of, Section 607.0505, Flo	rida Statutes.			
SIGNATURE Signal Her typed or printed harve of registered ag	ect and file if applicable (NOTE	: Registered Agent signature requ		DATE CERS AND DIRECTORS	IN 12
SIGNATURE Segment by a disciplined harms of registered as a Confederal American Confederal Confederat Confederal Con	ect and title if applicable (NOTE	Registered Agent signature required. 13. 1.1 TITLE	uired when reinslating)	DATE	
SIGNATURE Seque me typed or printed hance of registring ag 12. OFFICERS AN TITLE PD NAVE WUJEK, DIONE A.	ect and file if applicable (NOTE	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME	uired when reinslating)	DATE CERS AND DIRECTORS	IN 12
SIGNATURE Segma He Tyled or printed harmold regishered ag 12. OFFICERS AN TITLE PD NAME WUJEK, DIONE A. STREEL ADDRESS 402 ACACIA DR	ect and file if applicable (NOTE	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	uired when reinslating)	DATE CERS AND DIRECTORS	IN 12
SIGNATURE	ert and tife if applicable (NOTE) ID DIRECTORS DELETE	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	uired when reinslating)	DATE CERS AND DIRECTORS Change	IN 12 Addition
SIGNATURE Segma me type discretifiance of registrated ag 12. OFFICERS AN TITLE PD NAVE WUJEK, DIONE A. STREET ADDRESS CITY-ST-ZIP HARBOR OAKS FL	ect and file if applicable (NOTE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	uired when reinslating)	DATE CERS AND DIRECTORS	IN 12
SIGNATURE Signal He Typled on printed France of registrand ag 12. OFFICERS AN TITLE PD NAME WUJEK, DIONE A. STREET ADDRESS 402 ACACIA DR CITY-SI-ZIP HARBOR OAKS FL TITLE NAME	ert and tife if applicable (NOTE) ID DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	uired when reinslating)	DATE CERS AND DIRECTORS Change	IN 12 Addition
SIGNATURE Signal ne 19 il dise printed transi of registrate day 12. OFFICERS AN TITLE PD NAME WUJEK, DIONE A. STREET ADDRESS CITY-ST-ZIP HARBOR OAKS FL TITLE NAME STREET ADDRESS	ert and tife if applicable (NOTE) ID DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	uired when reinslating)	DATE CERS AND DIRECTORS Change	IN 12 Addition
SIGNATURE Signal ne typled or printed transcol registrated ag 12. OFFICERS AN TITLE PD NAME WUJEK, DIONE A. STREET ADDRESS CITY-ST-ZIP HARBOR OAKS FL TITLE NAME STREET ADDRESS CITY-ST-ZIP	ect and tife if applicable (NOTE ID DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	uired when reinslating)	DATE CERS AND DIRECTORS Change Change	IN 12 Addition Addition
SIGNATURE Signal ne 19 il dise printed transcol registrate day 12. OFFICERS AN 18ILE PD NAME WUJEK, DIONE A. 402 ACACIA DR HARBOR OAKS FL TITLE NAME STREET ADDRESS CITY-S1-ZIP THEE THEE THEE	ert and tife if applicable (NOTE) ID DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	uired when reinslating)	DATE CERS AND DIRECTORS Change	IN 12 Addition
SIGNATURE Segma me typ of deep printed transport registrant at a part of regis	ect and tife if applicable (NOTE ID DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	uired when reinslating)	DATE CERS AND DIRECTORS Change Change	IN 12 Addition Addition
SIGNATURE Signal ne 19 il dise printed transcol registrate day 12. OFFICERS AN 18ILE PD NAME WUJEK, DIONE A. 402 ACACIA DR HARBOR OAKS FL TITLE NAME STREET ADDRESS CITY-S1-ZIP THEE THEE THEE	ect and tife if applicable (NOTE ID DIRECTORS DELETE DELETE	Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	uired when reinslating)	DATE CERS AND DIRECTORS Change Change	IN 12 Addition Addition
SIGNATURE Signal netration of registered against december 12. THEE PD WUJEK, DIONE A. STREET ADDRESS CITY-ST-ZIP HARBOR OAKS FL THEE NAME STREET ADDRESS CITY-ST-ZIP THEE NAME STREET ADDRESS CITY-ST-ZIP THEE NAME STREET ADDRESS CITY-ST-ZIP THEE NAME STREET ADDRESS	ect and tife if applicable (NOTE ID DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 SIREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	uired when reinslating)	DATE CERS AND DIRECTORS Change Change	IN 12 Addition Addition
SIGNATURE Supra ne 1/1 discription de registered ag 12. OFFICERS AN TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ect and fife if applicable (NOTE) ID DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	uired when reinslating)	DATE CERS AND DIRECTORS Change Change	IN 12 Addition Addition
SIGNATURE Supra ne 1/1 discription diagnostic diagnosti	Ect and fife if applicable (NOTE) ID DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-SI-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	uired when reinslating)	DATE CERS AND DIRECTORS Change Change	IN 12 Addition Addition
SIGNATURE Supra ne type discretifiance of registrated ag 12. OFFICERS AN TITLE PD NAME WUJEK, DIONE A. 402 ACACIA DR CITY-SI-7/IP HARBOR OAKS FL TITLE NAME STREET ADDRESS CITY-SI-7/IP TITLE NAME	EST AND THE HAPPICABLE (NOTE ID DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4. 2 NAME	uired when reinslating)	DATE CERS AND DIRECTORS Change Change Change	IN 12 Addition Addition
SIGNATURE Suprame type doer printed transcript registrated ag 12. OFFICERS AN TITLE PD NAME WUJEK, DIONE A. 402 ACACIA DR HARBOR OAKS FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Ect and fife if applicable (NOTE) ID DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	uired when reinslating)	DATE CERS AND DIRECTORS Change Change Change	IN 12 Addition Addition
SIGNATURE Signal He Type doer printed transport registered ag 12. OFFICERS AN TITLE PD NAME WUJEK, DIONE A. 402 ACACIA DR HARBOR OAKS FL TITLE NAME STREET ADDRESS CITY-ST-ZIP	EST AND THE HAPPICABLE (NOTE ID DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	uired when reinslating)	DATE CERS AND DIRECTORS Change Change Change	IN 12 Addition Addition Addition
SIGNATURE Sugname typed on printed transcol registered ago 12. OFFICERS AN TITLE PD NAME WUJEK, DIONE A. 402 ACACIA DR HARBOR OAKS FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	EST AND THE HAPPICABLE (NOTE ID DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	uired when reinslating)	DATE CERS AND DIRECTORS Change Change Change	IN 12 Addition Addition Addition
SIGNATURE Sugname typed on printed transcol registered ago 12. OFFICERS AN TITLE PD NAME WUJEK, DIONE A. 402 ACACIA DR HARBOR OAKS FL TITLE NAME STREEL ADDRESS CITY - ST - ZIP TITLE NAME STREEL ADDRESS CITY - ST - ZIP TITLE NAME STREEL ADDRESS CITY - ST - ZIP TITLE NAME STREEL ADDRESS CITY - ST - ZIP TITLE NAME STREEL ADDRESS CITY - ST - ZIP TITLE NAME STREEL ADDRESS CITY - ST - ZIP TITLE NAME STREEL ADDRESS CITY - ST - ZIP TITLE NAME STREEL ADDRESS CITY - ST - ZIP TITLE NAME STREEL ADDRESS CITY - ST - ZIP	CELLAND HITE IT APPLICABLE (NOTE) ID DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 6.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	uired when reinslating)	DATE CERS AND DIRECTORS Change Change Change Change	IN 12 Addition Addition Addition Addition Addition
SIGNATURE Signal me type discretifiance of registered ago 12. OFFICERS AN TITLE PD NAME WUJEK, DIONE A. 402 ACACIA DR HARBOR OAKS FL TITLE NAME STREEL ADDRESS CITY - ST - ZIP TITLE NAME STREEL ADDRESS CITY - ST - ZIP TITLE NAME STREEL ADDRESS CITY - ST - ZIP TITLE NAME STREEL ADDRESS CITY - ST - ZIP TITLE NAME STREEL ADDRESS CITY - ST - ZIP TITLE NAME STREEL ADDRESS CITY - ST - ZIP TITLE NAME STREEL ADDRESS CITY - ST - ZIP TITLE NAME STREEL ADDRESS CITY - ST - ZIP TITLE THE	EST AND THE HAPPICABLE (NOTE ID DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-SI-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	uired when reinslating)	DATE CERS AND DIRECTORS Change Change Change Change	IN 12 Addition Addition Addition
SIGNATURE Signal me "ye doe printed hand of registered ago 12. OFFICERS AN 11LE PD NAME WUJEK, DIONE A. 402 ACACIA DR HARBOR OAKS FL 11LE NAME STREEL ADDRESS CITY-S1-ZIP 11LE NAME STREEL ADDRESS CITY-S1-ZIP 11TLE NAME NAME STREEL ADDRESS CITY-S1-ZIP 11TLE NAME	CELLAND HITE IT APPLICABLE (NOTE) ID DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	uired when reinslating)	DATE CERS AND DIRECTORS Change Change Change Change	IN 12 Addition Addition Addition Addition Addition
SIGNATURE Signal me type discretifiance of registered ago 12. OFFICERS AN TITLE PD NAME WUJEK, DIONE A. 402 ACACIA DR HARBOR OAKS FL TITLE NAME STREEL ADDRESS CITY - ST - ZIP TITLE NAME STREEL ADDRESS CITY - ST - ZIP TITLE NAME STREEL ADDRESS CITY - ST - ZIP TITLE NAME STREEL ADDRESS CITY - ST - ZIP TITLE NAME STREEL ADDRESS CITY - ST - ZIP TITLE NAME STREEL ADDRESS CITY - ST - ZIP TITLE NAME STREEL ADDRESS CITY - ST - ZIP TITLE NAME STREEL ADDRESS CITY - ST - ZIP TITLE THE	CELLAND HITE IT APPLICABLE (NOTE) ID DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-SI-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	uired when reinslating)	DATE CERS AND DIRECTORS Change Change Change Change	IN 12 Addition Addition Addition Addition Addition