

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

FILED

Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L18581 (3)

1. Corporation Name
DOMBROSKI BROTHERS, INC.



Principal Place of Business
0208 BRINY BREEZES
BOYNTON BEACH FL 33435-4397

Mailing Address
0208 BRINY BREEZES
BOYNTON BEACH FL 33435

3. Date Incorporated or Qualified
09/25/1989

3a. Date of Last Report
01/25/1996

2. Principal Place of Business

21 9490 CROSS CREEK DRIVE

Suite, Apt. #, etc.

22

City & State

23 Boynton Beach, FL

24 33436

Country

2a. Mailing Address

26 9490 CROSS CREEK DRIVE

Suite, Apt. #, etc.

27

City & State

28 Boynton Beach, FL

29 33436

Country

4. FEI Number
65-0158526

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

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

DOMBROSKI, CELESTE A
Q-204 N. HERON DRIVE
BRIN BREEZES FL 33435

10. Name and Address of New Registered Agent

81 Name Celeste A. Dombroski

82 Street Address (P.O. Box Number is Not Acceptable)
9490 CROSS CREEK DRIVE

83

84 City Boynton Beach FL 85 Zip Code 33436

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME DOMBROSKI, HENRY JR
STREET ADDRESS Q204 BRINY BREEZES
CITY-ST-ZIP BOYNTON BEACH FL

TITLE D ☐ DELETE

NAME DOMBROSKI, MARK
STREET ADDRESS 27 OCEAN VIEW DRIVE
CITY-ST-ZIP OCEAN RIDGE FL

TITLE D ☐ DELETE

NAME DOMBROSKI, HENRY F.
STREET ADDRESS Q208 BRINY BREEZES
CITY-ST-ZIP BOYNTON BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS 9490 CROSS CREEK DRIVE
14 CITY-ST-ZIP Boynton Beach, FL 33436

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

1/15/97

561-733-7809

CR2E034 (9/96)