

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L26762**

(9)

1. Corporation Name

LEMISZKO ENTERPRISES, INC.



Principal Place of Business

C/O EDWARD W. LEMISZKO
1233 PLYMOUTH PLACE
JACKSONVILLE FL 32205

Mailing Address

C/O EDWARD W. LEMISZKO
1233 PLYMOUTH PLACE
JACKSONVILLE FL 32205

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip County

28 Zip County

24

29

9. Name and Address of Current Registered Agent

**LEMISZKO, EDWARD W.
1233 PLYMOUTH PLACE
JACKSONVILLE FL 32205**

81 Name

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

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

11/01/1989

3a. Date of Last Report

06/12/1995

4. FEIN Number

59-2974557

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.01 and 607.1505, Florida Statutes, for about named capital or substitute 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. Thereby, 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

Signature of the New Registered Agent

Date

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LEMISZKO, EDWARD W	
STREET ADDRESS	1233 PLYMOUTH PLACE	
CITY-ST- ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST- ZIP		

13.

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. I do hereby certify that the information supplied to the Florida voluntarily furnished here does not qualify for the exemption stated in Section 119.07(3)(k), 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 in my own hand. I am an officer or director of the corporation or the receiver or trustee responsible to compile 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: *Edward W. Lemiszko* Edward W. Lemiszko

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96

904-389-9521

CR2E034 (12/96)