FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morthaui ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (6)DOCUMENT # Corporation Name STAWSKI ENTERPRISES INC. Mailing Address Principal Place of Business % JOHN STAWSKI % JOHN STAWSKI 1224 S. DIXIE HWY 1224 S. DIXIE HWY HOLLYWOOD FL 33020 3a. Date of Last Report HOLLYWOOD FL 33020 3. Date Incorporated or Qualified 05/15/1986 05/01/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 65-0083685 Not Applicable 26 21 \$8.75 Additional Suite. Apt. #, etc. 5. Certificate of Status Desired Suite Apt #, etc. Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State П Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032 Country Zip Country Yes No Florida Statutes 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Street Address (P.O. Bod Number is Not Acceptable) 81 J Wanisko Jr STAWSKI, JOHN 82 1905 WILSON STREET 9390 Meadows Circle South 83 HOLLYWOOD FL 33020 85 Miramar 33075 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. Thereby accept the appointment as registered agent. Lam familiar with, and given the obligations of, Section 647,0505, Florida Statutes. 4-28-96 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. ☐ Add tion Change DELETE . 1 Tilli 6 THTLE 1.2 NAME STAWSKI, JOHN NAME 1.3 STREET ADDRESS 1905 WILSON STREET STREET ADDRESS 1.4 City - ST- ZIP HOLLYWOOD FL CITY - ST - ZIP Add:tion Change DELETE 2.171116 TITLE 2.2 NAM5 WANISKO, GEORGE J., JR. NAME 2.3 STREET ADDRESS 9390 MEADOWS CLS STREET ADDRESS MIRAMAR FL 2 4 CHTY - ST - ZIP CITY-ST-ZIP Change Add tion DELETE 3 1 7111.6 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CHTM S1-7IP CITY-ST-ZIP Change Addition DELETE 4 1 11111 TITLE 4.2 NAME NAME 4.3 STREET ADDR: 53 STREET ADDRESS 4.4 CHY+ST-ZIP CITY-ST-ZIP Change Add tion DELFIE 5 1 Title TITLE 5.2 NAME NAME 5.3 STREET ADERUSS STREET ADDIRESS 5.4 CITY - ST - ZIP CITY - ST - ZIF Add tion ☐ Change DELETE € 1 Tifut TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6 4 CiTy - ST - ZIP

SIGNATURE: 1

appears in Block 12 or Block 13 if changed, or on an attachment with an address

4-28-4

14. I do hereby certify that the information supplied with this filing is vo'untarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 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 cath; 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

(12/

CR2E034