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

**PROFIT CORPORATION ANNUAL REPORT** 

1998

The following a partie of the second



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

SPRING HILL FL 34606

(8)

MICHAEL J. KIERZYNSKI, C.P.A., P.A.

rille										
May 06 1998 8:00am										
Secretary of State										

Zip Code

CH CD

Principal Place of Business  C/O MICHAEL J. KIERZYNSKI 5143 COMMERCIAL WAY SPRING HILL FL \$4606		Mailing Addre	Mailing Address			DO NOT WRITE IN THIS SPACE				
		C/O MICHAEL J. KIERZYNSKI 5143 COMMERCIAL WAY SPRING HILL FL 34606								
						3. Date Incorporated or Qualified 03/03/1988				
2. Principal Place of Business		2a. Mailing Ad	2a. Mailing Address			4. FEI Number	Applied For			
25		26		_		59-2872851	Not Applicable			
Sulte, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred			
City & State		City & Stat	City & State			Election Campaign Financing     Trust Fund Contribution	· · · · · · · · · · · · · · · · · · ·			
Zip ≱4	Country 25	Zip <b>29</b>	30	untry		This corporation owes or has paid the curre Personal Property Tax due June 30.	ent year Intangible Yes \( \subseteq \text{No} \)			
9, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
KIERZYNSKI, MICHAEL J.				81	Name					
5143 COMMERCIAL WAY				82	Street Address (P.O. Box Number is Not Acceptable)					

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

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City

agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes.										
SIGNATURE	Signature, typed or printed name of togistered agent and titl	: if applicable (NOTE	Registered Agent signature requ	ired when reinstating)	DATE	<del></del>				
12,	OFFICERS AND DIRECTORS		13.		O OFFICERS AND DIRECTOR	S IN 12				
TITLE	PST	DELETE	1.1 TITLE		☐ Change	Addition				
NAME	KIERZYNSKI, MICHAEL J.		1.2 NAME			ĺ				
STREET ADDRESS	5143 COMMERCIAL WAY		1.3 STREET ADDRESS							
CITY-ST-ZIP	SPRING HILL FL		1.4 CITY-ST-ZIP							
TITLE		DELETE	2.1 TITLE		☐ Change	Addition				
NAME			2.2 NAME							
STREET ADDRESS			2.3 STREET ADDRESS							
CITY-ST-ZIP	_		2. 4 CITY-ST-ZIP							
TITLE		DELE <b>te</b>	31 TITLE		Change	Addition				
NAME			3.2 NAME		•					
STREET ADDRESS			3.3 STREET ADDRESS							
CITY-ST-ZIP			3.4. CITY-ST-ZIP							
TITLE		DELETE	4.1 TITLE		Change	☐ Addition				
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREET ADDRESS							
CITY-ST-ZIP			4.4 City - St - ZIP							
TITLE		DELETE	5.1 TITLE		Change	☐ Addition				
NAME			52 NAME							
STREET ADDRESS			5.3 STREET ADDRESS							
CITY-ST-ZIP			5.4 CITY-ST-ZIP							
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition				
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET ADDRESS							
CITY-ST-ZIP			6.4 CITY-ST-ZIP							

14. I 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:

MICHAEL J. KIERZYNSKI

4/27/98