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Jun 18, 1999 8:00 am
Secretary of State

06-18-1999 90008 006 ***550.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M86085

1. Corporation Name
SZC, INC.



Principal Place of Business

% WANDA SZCZESNIAK
222 IMPERIAL LANE
FT. LAUDERDALE FL 33308

Mailing Address

% WANDA SZCZESNIAK
222 IMPERIAL LANE 259 LOMBARDY AVE
FT. LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/14/1988

4. FEI Number

65-0327501

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 611 NE 13TH ST.

Suite, Apt. #, etc.

22

City & State

23 FT. LAUDERDALE, FLA

Zip

24 33304

Country

25

2a. Mailing Address

26 259 LOMBARDY AVE

Suite, Apt. #, etc.

27

City & State

28 LAUDERDALE BY THE SEA, FL

Zip

29 33308

Country

30

9. Name and Address of Current Registered Agent

SZCZESNIAK, WANDA
222 IMPERIAL LANE
LAUDERDALE BY THE SEA FL 33308

10. Name and Address of New Registered Agent

81 Name WANDA SZCZESNIAK
82 Street Address (P.O. Box Number is Not Acceptable)
259 LOMBARDY AVE
83
84 City LAUDERDALE BY THE SEA FL 85 Zip Code 33308

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 DPV ☐ DELETE

NAME SZCZESNIAK, ROBERT W.

STREET ADDRESS 222 IMPERIAL LANE

CITY-ST-ZIP LAUDER BY THE SEA FL

TITLE DST ☐ DELETE

NAME SZCZESNIAK, WANDA

STREET ADDRESS 222 IMPERIAL LANE

CITY-ST-ZIP LAUDER BY THE SEA 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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ROBERT W. SZCZESNIAK

1.3 STREET ADDRESS 259 LOMBARDY AVE

1.4 CITY-ST-ZIP LAUDERDALE BY THE SEA, FL 33308

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME 259 LOMBARDY AVE

2.3 STREET ADDRESS LAUDERDALE BY THE SEA, FL 33308

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 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, with all other like empowered.

SIGNATURE: Wanda Szczesniak

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-18-99

Date

954-772-7553

Daytime Phone #

CR2E034 (11/98)