FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

1996	- The state of the	) 	Sandra B. Secretary DIVISION OF CO	of State						
OCUMENT Corporation Name KRAINIAN A	MERICAN SOCI	ETY	of Dayto	ona 1	Beach					
and	AIGIIITON,	1110.				_  =	:000017	7931	Э8	
ncipal Place of Business	s	Mailing	Address		<del></del>		-04/15/960	101900	)8	
328 Hurst		na Be	ach,F1.	321	17	3	k**81.25			
J20 1141 J0	· · · •						Incorporated or Qualifi	ed <b>3a.</b> Dat	te of Last Repo	ort
							oril 23 19	1	/25/95_	
						4. FEI	Anwper	<u> </u>	Applie	ed For
Principal Place of Busin	ness	<u> </u>	ing Address				9-2694252		\$8.75 Add	applicable
same		26 Suit	e, Apt. #, etc.				ificate of Status Desired	. 🗆	\$8.75 Add	
Suite, Apt. #, etc.		27				1			\$5.00 M	
City & State			& State			T	tion Campaign Financii I Fund Contribution	L_J	Added to	Fees
ony o otato		28		Co	ountry	8. This	corporation has liabilit	y for intangible	tax under s. 1	99.032.
Zip	Country	Zip	•	30		1 5100	ida Statutes ne and Address of Ne	A les		
O Nam	25 e and Address of Current	Registere	d Agent		241 33	10. Na	ne and Address of Ne	II LIGHTOLOG		
y, Nam	ic dith vacions at a second				81 Name		Al John to Blob App	entable)		
Walter K	owal				82 Street A	ddress (P.O.	Box Number is Not Acc	.epiable)		
507 Jess	amine Blvd				83					=
Daytona	Beach, F1. 32	2118							85 Zip Ci	ode
					84 City			FL.		registered
	visions of Sections 617.050	2 and 617	1508. Florida Stat	tutes, the	above-named	corporation su	ibmits this statement to d of directors. I hereby	accept the ap	pointment as r	egistered
<ol> <li>Pursuant to the prov</li> </ol>	visions of beginning of the	( F. : -) -	O - L - LAGGO WG		ZECLUS DIG VOLE					
office or registered	agent, or both, in the oblice	of Florida ations of, S	ection 617.0503.	Florida S	Statutes.					
<ul> <li>agent. I am familiar</li> </ul>	with, and accept the obliga-	ations of, S	ection on the					DATE		
<ul> <li>agent. I am familiar</li> </ul>	with, and accept the obligation or profession or profession and or profession of registered ago	ations oi. S	policable (N	IOTE Regisl	tatutes. tered Agent signature 3.			DATE	ND DIRECTORS	
agent. I am familiar  SIGNATURE  Signature by  12.	with, and accept the obliga-	ations oi. S	policable (N	OTE Regis	tered Agent signature	required when rein	stating) DITIONS/CHANGES TO	DATE OFFICERS AN		S IN 12
agent I am familiar SIGNATURE SIGNATURE 12.	with, and accept the obligation or profession or profession and or profession of registered ago	ations oi. S	policable (N	OTE Regisl	tered Agent signature  3. 1 TITLE 2 NAME	Walte	stating) DITIONS/CHANGES TO  r Kowal P/ essamine B	DATE D OFFICERS AND D 1vd	ND DIRECTORS Change	S IN 12
agent I am familiar SIGNATURE SIGNATURE TITLE NAME	with, and accept the obligation or profession or profession and or profession of registered ago	ations oi. S	policable (N	OTE Regisl	tered Agent signature 3. 1 TITLE 2 NAME 3 STREET ADDRESS	Walte	stating) DITIONS/CHANGES TO  r Kowal P/ essamine B	DATE D OFFICERS AND D 1vd	ND DIRECTORS Change	S IN 12 Addition
agent I am familiar SIGNATURE SIGNATURE TITLE NAME STREET ADDRESS	with, and accept the obligation or profession or profession and or profession of registered ago	ations oi. S	possable (N ORS	IOTE Regist	tered Agent signature 3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP	Walte 507 J Dayto	on Beach, F	D DATE D OFFICERS AND D 1vd 1. 321	ND DIRECTORS Change	S IN 12
agent I am familiar SIGNATURE SIGNATURE TITLE NAME	with, and accept the obligation or profession or profession and or profession of registered ago	ations oi. S	policable (N	IOTE Regist 1 1 1 1 1 1	tered Agent signature  3. 1 TITLE 2 NAME 13 STREET ADDRESS 4 CITY-ST-2IP 21 TITLE	Walte 507 J Dayto	r Kowal P/ essamine B na Beach,F	D OFFICERS AND D 1vd 1. 321	ND DIRECTORS Change	S IN 12
agent I am familiar SIGNATURE  SI	with, and accept the obligation or profession or profession and or profession of registered ago	ations oi. S	possable (N ORS	IOTE Regist	tered Agent signature 3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP	Walte 507 J Dayto Onufr	r Kowal P/ essamine B na Beach,F ij Mizuk V Chelsea Wa	D D D D D D D D D D D D D D D D D D D	ND DIRECTORS Change  18	S IN 12
agent I am familiar  SIGNATURE  S	with, and accept the obligation or profession or profession and or profession of registered ago	ations oi. S	possable (N ORS	IOTE Regisl	tered Agent signature  13.  1 TITLE  2 NAME  3 STREET ADDRESS  4 CITY - ST - ZIP  2 T TITLE  2 NAME	Walte 507 J Dayto Onufr	r Kowal P/ essamine B na Beach,F	D D D D D D D D D D D D D D D D D D D	ND DIRECTORS Change  18	S IN 12
agent I am familiar  SIGNATURE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	with, and accept the obligation or profession or profession and or profession of registered ago	ations oi. S	possable (N ORS	IOTE Regist	tered Agent signature  3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 21 TITLE 2 NAME 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP 31 TITLE 31 TITLE	Walte 507 J Dayto Onufr 1060 Port	r Kowal P/ essamine B na Beach,F ij Mizuk V Chelsea Wa Orange, Fl	D D 1vd 1. 321	ND DIRECTORS Change  18 Change	S IN 12 Addition
agent I am familiar  SIGNATURE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	with, and accept the obligation or profession or profession and or profession of registered ago	ations oi. S	poisable (N DRS DELETE	IOTE Registration of the control of	tered Agent signature  13.  1 TITLE  2 NAME  13 STREET ADDRESS  4 CITY-ST-ZIP  21 TITLE  2 NAME  2 SAME  2 STREET ADDRESS  4 CITY-ST-ZIP  31 TITLE  32 NAME	Walte 507 J Dayto Onufr 1060 Port	r Kowal P/ essamine B na Beach,F ij Mizuk V Chelsea Wa Orange, Fl	D OFFICERS AND 1 Vd 1. 321	Change  Change  Change	S IN 12 Addition
agent I am familiar  SIGNATURE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP  TITLE  NAME  TITLE  NAME  NAME  NAME	with, and accept the obligation or profession or profession and or profession of registered ago	ations oi. S	poisable (N DRS DELETE	IOTE Registration of the control of	13. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 21 TITLE 2 NAME 2 STREET ADDRESS 4 CITY-ST-ZIP 3 TITLE 2 NAME 3 STREET ADDRESS 2 4 CITY-ST-ZIP 3 TITLE 3 2 NAME 3 3 STREET ADDRESS	Walte 507 J Dayto Onufr 1060 Port	r Kowal P/ essamine B na Beach,F ij Mizuk V Chelsea Wa Orange, Fl	D OFFICERS AND 1 Vd 1. 321	Change  Change  Change  Change	S IN 12 Addition Addition
agent I am familiar  SIGNATURE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	with, and accept the obligation or profession or profession and or profession of registered ago	ations oi. S	DELETE	iOTE Regist	13. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 21 TITLE 2 NAME 2 STREET ADDRESS 4 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 34 CITY-ST-ZIP 37 TITLE 38 NAME 39 STREET ADDRESS 34 CITY-ST-ZIP	Walte 507 J Dayto Onufr 1060 Port Wasyl 2295 New S	r Kowal P/essamine Bna Beach,Fij Mizuk VChelsea WaOrange, Fl	D IVd 1. 321  //D  y 3211  //D  Rd. ch,F1.3	Change  Change  Change	S IN 12 Addition
agent I am familiar  SIGNATURE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  NAME  NAME  NAME  NAME	with, and accept the obligation or profession or profession and or profession of registered ago	ations oi. S	poisable (N DRS DELETE	iOTE Regist	13. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 21 TITLE 2 NAME 2 STREET ADDRESS 4 CITY-ST-ZIP 3 TITLE 2 NAME 3 STREET ADDRESS 2 4 CITY-ST-ZIP 3 TITLE 3 2 NAME 3 3 STREET ADDRESS	Walte 507 J Dayto Onufr 1060 Port Wasyl 2295 New S	r Kowal P/essamine Bna Beach,Fij Mizuk VChelsea WaOrange, Fl	D IVd 1. 321  //D  y 3211  //D  Rd. ch,F1.3	Change  Change  Change  Change	S IN 12 Addition Addition
agent I am familiar  SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	with, and accept the obligation or profession or profession and or profession of registered ago	ations oi. S	DELETE	iOTE Regist	13. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 2 THITE 2 NAME 2 3 STREET ADDRESS 4 CITY-ST-ZIP 3 THITE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-ZIP 4 THITE	Walte 507 J Dayto Onufr 1060 Port Wasyl 2295 New S	r Kowal P/essamine Bna Beach,Fij Mizuk VChelsea WaOrange, Fl Chymera Solencoe Solencoe Chymera Solencoe Solencoe Chymera Beach Chymera Beach Chymera Beach Chymera Beach Chymera Beach Chymera Beach	D lvd 1. 321  //D y 3211  //D e Rd. ch,F1.3	Change  18  Change  1 Change	S IN 12 Addition Addition
agent I am familiar  SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP  TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP  TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP  TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP  TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP  TITLE	with, and accept the obligation or profession or profession and or profession of registered ago	ations oi. S	DELETE	iOTE Regist	tered Agent signature  13.  1 TITLE  2 NAME  13 STREET ADDRESS  4 CITY-ST-ZIP  2 THITLE  2 NAME  2 STREET ADDRESS  2 4 CITY-ST-ZIP  31 THITLE  32 NAME  33 STREET ADDRESS  34 CITY-ST-ZIP  41 THITLE  4 2 NAME	Walte 507 J Dayto Onufr 1060 Port Wasyl 2295 New S	r Kowal P/essamine Bna Beach,Fij Mizuk VChelsea WaOrange, Fl	D lvd 1. 321  //D y 3211  //D e Rd. ch,F1.3	Change  18 Change  1 Change  2 Change	S IN 12 Additio
agent I am familiar  SIGNATURE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	with, and accept the obligation or profession or profession and or profession of registered ago	ations oi. S	DELETE	VOTE Regist	13. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 2 THITLE 2 NAME 2 STREET ADDRESS 4 CITY-ST-ZIP 3 THITLE 3 2 NAME 3 STREET ADDRESS 3 4 CITY-ST-ZIP 4 THITLE 4 2 NAME 4.3 STREET ADDRESS	Walte 507 J Dayto Onufr 1060 Port Wasyl 2295 New S Maria 59 Co	chymera S. Glencoe Gmyrna Beach, Incord Dr.	DOFFICERS AND 1 Vd 1. 321 May 1. 3211 May	Change  18  Change  1 Change	S IN 12 Addition Addition
agent I am familiar  SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	with, and accept the obligation or profession or profession and or profession of registered ago	ations oi. S	PORS DELETE  DELETE  DELETE	VOTE Regist	13.  1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 2 THITLE 2 NAME 2 STREET ADDRESS 4 CITY-ST-ZIP 3 THITLE 3 NAME 3 STREET ADDRESS 3 4 CITY-ST-ZIP 4 THITLE 4 2 NAME 4.3 STREET ADDRESS 4 CITY-ST-ZIP 5 THITLE 5 2 NAME	Walte 507 J Dayto Onufr 1060 Port Wasyl 2295 New S Maria 59 Co Ormon	chymera Some Beach, Income Bea	DATE OFFICERS AND 1 Vd 1. 321 M/D Rd.	Change  18  Change  18  Change  18  Change  17  Change	S IN 12 Additio
agent. I am familiar agent. I am familiar signature  12.  IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	with, and accept the obligation or profession or profession and or profession of registered ago	ations oi. S	PORS DELETE  DELETE  DELETE	VOTE Regist	13. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 21 TITLE 2 NAME 2 3 STREET ADDRESS 2 4 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	Walte 507 J Dayto Onufr 1060 Port Wasyl 2295 New S Maria 59 Co Ormon	chymera Some Beach, Income Bea	DATE OFFICERS AND 1 Vd 1. 321 M/D Rd.	Change  18  Change  18  Change  18  Change  17  Change	S IN 12 Additio
agent. I am familiar signature  12.  ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	with, and accept the obligation or profession or profession and or profession of registered ago	ations oi. S	DELETE  DELETE  DELETE	IOTE Regist	13.  1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 2 THITLE 2 NAME 2 STREET ADDRESS 2 4 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 51 TITLE 52 NAME	Walte 507 J Dayto Onufr 1060 Port Wasyl 2295 New S Maria 59 Co Ormon	chymera S. Glencoe Gmyrna Beach, Ind Glitniak	DATE OFFICERS AND 1 Vd 1. 321 M/D Rd.	Change  18  Change  18  Change  18  Change  17  Change	S IN 12 Addition Addition Addition Addition
Agent. I am familiar agent. I am familiar signature signature by  IZ.  ITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	with, and accept the obligation or profession or profession and or profession of registered ago	ations oi. S	PORS DELETE  DELETE  DELETE	IOTE Regist	13. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 2 THITLE 2 NAME 2 STREET ADDRESS 4 CITY-ST-ZIP 3 THITLE 3 2 NAME 3 STREET ADDRESS 3 4 CITY-ST-ZIP 4 THITLE 4 2 NAME 4 3 STREET ADDRESS 4 CITY-ST-ZIP 5 THITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP 6 THITLE	Walte 507 J Dayto Onufr 1060 Port Wasyl 2295 New S Maria 59 Co Ormon Petro 1446 New	r Kowal P/ essamine B na Beach, F ij Mizuk V Chelsea Wa Orange, Fl Chymera S S. Glencoe myrna Beach an Steinber ond Beach, I of Glitniak S.Glencoe Smyrna Bea a Mayewsky	DATE DOFFICERS AND 1 Vd 1. 3211  S/D  Y  . 3211  S/D  Rd. ch,F1.3  rg T/D  F1. 321  M/D  Rd. ch,F1.:	Change  18  24 Change  27 Change  32168  176  176  176  176  176  176  176	S IN 12 Addition Addition Addition Addition
agent. I am familiar signature  12.  ITTLE  NAME STREET ADDRESS CITY-ST-ZIP TITLE  NAME	with, and accept the obligation or profession or profession and or profession of registered ago	ations oi. S	DELETE  DELETE  DELETE	IOTE Regist	1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 2 TITLE 2 NAME 2 STREET ADDRESS 2 CONTROL OF THE ADDRESS 3 STREET ADDRESS 3 STREET ADDRESS 3 CONTROL OF THE ADDRESS 3 CONTROL OF THE ADDRESS 3 CONTROL OF THE ADDRESS 4 CITY-ST-ZIP 4 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 CITY-ST-ZIP 5 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP 6 TITLE 6 2 NAME	Walte 507 J Dayto Onufr 1060 Port Wasyl 2295 New S Maria 59 Co Ormon Petro 1446 New Juli	control of the contro	DATE DOFFICERS AND 1 Vd 1. 321 1 S/D S Rd. ch,F1.3 cg T/D F1. 321 M/D Rd. ch,F1.1 C	18 2 Change  18 2 Change  1 Change  1 Change  1 7 6 1 Change  1 7 6 1 Change	S IN 12 Addition Addition Addition Addition
Agent. I am familiar  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  SIREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	with, and accept the obligation of the obligation of privileo name of registered ago.  OFFICERS AN	ations 6. S	DELETE  DELETE  DELETE  DELETE	IOTE Registration 1	3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 2 TITLE 2 SAME 3 STREET ADDRESS 4 CITY-ST-ZIP 3 TITLE 3 STREET ADDRESS 4 CITY-ST-ZIP 4 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 CITY-ST-ZIP 5 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP 6 TITLE 6 2 NAME 6 3 STREET ADDRESS	Walte 507 J Dayto Onufr 1060 Port Wasyl 2295 New S Maria 59 Co Ormor Petro 1446 New Juli 55 Po	chelsea Wa Orange, Fl Chymera S. Glencoe Gmyrna Beach, In Glitniak S.Glencoe Smyrna Beach a Mayewsky nsettia Dr	DATE DOFFICERS AND 1 Vd 1. 321 1	D DIRECTORS Change  18  Change  9  Change  2168 Change  176 Change  1268 Change	S IN 12 Addition Addition Addition Addition Addition
Agent. I am familiar agent. I am familiar signature by  12.  ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	with, and accept the obligation or profession or profession and or profession of registered ago	ations 6. S	DELETE  DELETE  DELETE  DELETE	IOTE Registration 1	3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 21 TITLE 2 STREET ADDRESS 4 CITY-ST-ZIP 31 TITLE 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 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	Walte 507 J Dayto Onufr 1060 Port Wasyl 2295 New S Maria 59 Co Ormon Petro 1446 New Juli 5 Po Ormo	chymera Somyrna Beach, In Glitniak S. Glencoe Smyrna Beach Smyrna Beach and Beach, In Glitniak S. Glencoe Smyrna Beach and Beach, Florester States of the states of	DATE OFFICERS AND 1 Vd 1. 321 1 S/D S Rd. ch,F1.3 rg T/D Rd. ch,F1.3 c	Change  18  Change  18  Change  18  Change  17  Change  176  Change  176  Change  176  Change	S IN 12 Addition

Hadukeensekondal / President / 4/8/96