

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N49417 (1)
1. Corporation Name
POLONIA, INC.



Principal Place of Business P.O. BOX 60171 ST PETERSBURG FL 33713	Mailing Address P.O. BOX 60171 ST PETERSBURG FL 33784-0171
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2. Principal Place of Business 21 41350 16 ST NO	2a. Mailing Address 28	4. FEI Number 65-0342088	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State ST PETE FL PINNELLAS	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip 3370	25 Country	29 Zip	30 Country

3. Date Incorporated or Qualified 06/17/1992	3a. Date of Last Report 05/01/1996
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9. Name and Address of Current Registered Agent
**HYLINSKI, STANISLAW JR
3300 34 ST. N
ST PETERSBURG FL 33713**

10. Name and Address of New Registered Agent
81 Name **EUGENIUSZ SOKOLEWICZ**
82 Street Address (P.O. Box Number is Not Acceptable)
1200 79th ST 50
83
84 City **ST PETE** FL 85 Zip Code **33707**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
SIGNATURE **EUGENIUSZ SOKOLEWICZ** *Eugeniusz Sokolewicz* 5-4-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	PD SOKOLEWICZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOWALEWSKI, CZESLAW	1.2 NAME	EUGENIUSZ
STREET ADDRESS	11389 102 AVE. N.	1.3 STREET ADDRESS	1200 79th ST 50 ST PETE FL
CITY-ST-ZIP	SEMINOLE FL 34648	1.4 CITY-ST-ZIP	33707
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD FIEDOSEWICZ HELENA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIELAWSKI, KAZIMIERZ	2.2 NAME	801 76th AV NO
STREET ADDRESS	4321 GULF BLVD	2.3 STREET ADDRESS	ST PETE 33702
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	VD JALSOVEC WANDA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHYLINSKI, STANISLAW	3.2 NAME	8685 GLEN LAKES BL NO
STREET ADDRESS	3300 34 ST. N.	3.3 STREET ADDRESS	ST PETE FL 33702
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **EUGENIUSZ SOKOLEWICZ** *Eugeniusz Sokolewicz* 3-28-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0062231

CR2E037 (9/96)