## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

**DOCUMENT** # N93000003653 (3)

**BULGARIAN-AMERICAN CHAMBER OF COMMERCE OF FLORID** A. INC.

**FILED** May 14 1998 8:00am Secretary of State



14 1110						
Principal Place of Business Mailing Address				I TOTALET OF TRICE THE PRINT BOTT SELL FRANCE	HERBE IN HER BUTTON BEFORE FILLS IN THE	
720 72 AVENUE NORTH PO BOX 20101 ST. PETERSBURG FL 33702 ST. PETERSBURG FL 3374 US US			33742		3. Date Incorporated or Qualified 08/13/1993	
					4. FEI Number 59-3209582	Applied For Not Applicable
2. Principal Place of Business 2a. Mailing Address						\$8.75 Additional
21		26			5. Certificate of Status Desired	Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
22		27			Trust Fund Contribution Added to Fees	
City & State		City & State			7. Is this nonprofit corporation a homeowners association?	
Zip Country		Zip Country			Yes No	
24	25	29	<u> </u>	гу	6. This corporation owes or has paid the current year Intangible	
	Name and Address of Curre		[30]		Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent	
The transfer of the transfer o				1 Name	TO. THE HE WILL NOW HOS OF THE WITTEN HE STATE OF	Agont
POPIS, ZBIGNIEW A						
6533 9 AVENUE N.			8	82 Street Address (P.O. Box Number is Not Acceptable)		
SUITE 1 EAST			8	3		
ST. PETERSBURG FL 33710			ļ_	4 0"		
			8	1	FL	85 Zip Code
11. Pursuant to the	provisions of Sections 617.05	02 and 617.1508, Florida Si	atutes, the abo	ve-named c	ornoration submits this statement for the purpose of	f changing its societored
	ared agent, or both, in the State nitiar with, and accept the oblig				oration's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE						
Signature, typed or printed name of registered agent and title if applicable (NOTE: Register				gent algnature re	equired when reinstating) DATE	
12.	AA .		13.		ADDITIONS/CHANGES TO OFFICERS AN	
	EKEV, ILIA	III DELETE		.	P/C TEKEV, ILIA	☑ Change ☐ Addition
I	20 72 AVENUE NORTH	1.2 N/			720 72 Ave N	
I	T. PETERSBURG FL	EDODLIDO DI		ET ADDRESS	ST. PETERSBURG, FL	33702
TITLE V		DELETE	1.4 CITY 2.1 TITLE		\$/D	☐ Change ☑ Addition
	RAMPERT, LARRY		2.2 NAM		TEKEVA, STANISLAV	4
	12 POINCIANA LANE			ET ADDRESS	TEKEVA, STANISLAVI 720 72 Ave N	`
CITY-ST-ZIP H	ARBOR BLUFFS FL		2. 4 CITY	1	ST. PETERSBURG, FL	33702
TITLE V	5	☐ DELETE	3.1 TITLE			Change Addition
	EKEV, HRISTO		3.2 NAM			-
	20 72 AVENUE NORTH		3.3 STRE	T ADDRESS		
	T. PETERSBURG FL		3.4. CITY	-ST-ZIP		
TITLE D	30/0 90/04/E	DELETE	4.1 TITLE			☐ Change ☐ Addition
	OPIS, ZBIGNIEW A		4. 2 NAM	F		1
	O LAKE MAGIORE BLVD			T ADDRESS		
	r. Petersburg fl	DESCRE	4.4 CITY		1/76	TM 60
	KEVA, PEPA	☐ DELETE	5.1 TITLE		V/D TEXENA DEDA	Change Addition
	:neva, pepa 10 72 AVENUE N., #155		5.2 NAM	7 4000200	TEREVALIFICA	
	F. PETERSBURG FL 33702			T ADDRESS	TEKBVA, PEPA 720 72 AVEN ST. PETERSBURG, FL	33702
TITLE		DELETE	5.4 CITY - 6.1 TITLE		J 1 - 1 - 2 0 0 2 0 7 1 -	Change Addition
NAME			6.2 NAME			— outside — Tunditing
STREET ADDRESS				T ADDRESS		

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

TEKEV-P/CI