


FILE NOW: FILING FEE IS \$61.25

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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90210 034 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000007087					
1. Corporation Name PINKOWSKI INSTITUTE, INC.					
Principal Place of Business 9900 STIRLING ROAD #200 COOPER CITY FL 33024			Mailing Address 9900 STIRLING ROAD #200 COOPER CITY FL 33024		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 12/22/1997 4. FEI Number 65-0800564 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent PINKOWSKI, JACK 9900 STIRLING RD. SUITE 200 COOPER CITY FL 33024			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL		
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 <i>Edward Pinkowski</i> President DATE 4/30/99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD <input type="checkbox"/> DELETE NAME PINKOWSKI, EDWARD STREET ADDRESS 9900 STIRLING ROAD #200 CITY-ST-ZIP COOPER CITY FL 33024			1.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME EDWARD PINKOWSKI 1.3 STREET ADDRESS 10212 SW 59TH ST. 1.4 CITY-ST-ZIP COOPER CITY, FL 33328-6531		
TITLE VSD <input type="checkbox"/> DELETE NAME PINKOWSKI, JACK STREET ADDRESS 9900 STIRLING ROAD #200 CITY-ST-ZIP COOPER CITY FL 33024			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE VD <input type="checkbox"/> DELETE NAME PINKOWSKI, JAMES D STREET ADDRESS 3900 UNIVERSITY DR, #200 CITY-ST-ZIP FAIRFAX VA 22030			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME TD CARL(A) ROSIELLO 4.3 STREET ADDRESS 429 GROVE ST 4.4 CITY-ST-ZIP BRIDGEPORT, PA 19405		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME D CONNIE PINKOWSKI 5.3 STREET ADDRESS 10212 SW 59TH ST. 5.4 CITY-ST-ZIP COOPER CITY, FL 33328-6531		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: *Edward Pinkowski* **EDWARD PINKOWSKI** 4/30/99 (954) 432 9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)