

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000099759

1. Entity Name
THE OLYMPS GROUP, INC.



Principal Place of Business

**1907 ELMWOOD AVE
TAMPA, FL 33605**

Mailing Address

**1907 ELMWOOD AVE
TAMPA, FL 33605**

DO NOT WRITE IN THIS SPACE



04292004 No Chg-P CR2E034 (10/03)

4. FEI Number
16-1627872

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	KOSUT, JOZEF
STREET ADDRESS	1907 ELMWOOD AVE
CITY-ST-ZIP	TAMPA, FL 33605
TITLE	DVS
NAME	KOSUTOVA, MARTA
STREET ADDRESS	1907 ELMWOOD AVE
CITY-ST-ZIP	TAMPA, FL 33605
TITLE	D
NAME	KAJAN, ROMAN
STREET ADDRESS	1907 ELMWOOD AVE
CITY-ST-ZIP	TAMPA, FL 33605
TITLE	D
NAME	STEVKO, IVAN
STREET ADDRESS	1907 ELMWOOD AVE
CITY-ST-ZIP	TAMPA, FL 33605
TITLE	D
NAME	GULYAS, PETER
STREET ADDRESS	1907 ELMWOOD AVE
CITY-ST-ZIP	TAMPA, FL 33605
TITLE	D
NAME	SKALA, ROMAN
STREET ADDRESS	1907 ELMWOOD AVE
CITY-ST-ZIP	TAMPA, FL 33605

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: JOZEF KOSUT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 APRIL 2004

Date

435-603-0315

Daytime Phone #