FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000014607 (4)

MARIA KUCZEREWICZ & ASSOCIATES, INC.

FILED Feb 03 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					··· ·· ·-·	
8992 N.W. 29TH TERR 6992 N.W. 29TH TERR						
FT. LAUDERD	ALE FL 33309	FT. LAUDERDALE FL 33309				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						02/19/1993
2. Principal P	lace of Business	2a. Mailing Add	'θ\$5			4. FEI Number Applied For
21		26				65-0387512 Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #	, etc.			5. Certificate of Status Desired \$8.75 Additional
City & State	0	City & State	City & State			Fee Required
23		28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	C	ountry	,	This corporation owes or has paid the current year Intangible
24	25	29	30	30		Personal Property Tax due June 30.
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New Registered Agent
	C ZE REWICZ, MARIA J			81	Name	e
	2 N.W. 29TH TERR.		82 Street		Street	et Address (P.O. Box Number is Not Acceptable)
FT.	LAUDERDALE FL 33309			-	<u> </u>	
				83		
				84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named cornoration 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 607,0505, Florida Statutes.						
SIGNATURE						
· · · · · · · · · · · · · · · · · · ·	Signature, typed or printed name of registered agen-				nt signature	are required when reinstating) DATE
TITLE	OFFICERS AND	DIRECTORS	13 15TE 13	TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	KUCZEREWICZ, MARIA J			NAME		Change C Addition
STREET ADDRESS	6992 N.W. 29TH TERR.				ADDRESS	,
CITY-ST-ZIP	FT. LAUDERDALE FL 33309			CITY-SI		'
TITLE	D	☐ DE		TITLE		Change Addition
NAME	KUCZEREWICZ, ANGELO G		2.2	NAME	İ	
STREET ADDRESS	5938 N.W. 21ST ST.		2.3	STREET	ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33313			CITY-S	T - ZIP	* * * * * * * * * * * * * * * * * * *
TITLE		∐ DE	LETE 31	TITLE		Change Addition
NAME				NAME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		DÉ		CITY-S	T-ZIP	
TITLE		L. DE		TITLE		Change Addition
STREET ADDRESS				NAME STREET :	ADDRESS :	
CITY-ST-ZIP				CITY-ST	i	,
TITLE		DE		TITLE	- 214	Change Addition
NAME				NAME		11 0/2
STREET ADDRESS			53	STREET A	ADDRESS	462/2
CITY-ST-ZIP				CITY-ST	1	11/2/3
TITLE		□ D€	LETE 61	TITLE		☐ Change ☐ Addition
NAME			6.21	NAME		300002420263
STREET ADDRESS			6.3 5	STREET	ADDRESS	-02/03/9801083034 ***150.00
CITY-ST-ZIP		Laber City		CITY ST		
IN THEFE OF C	Brury Mat the infor ma tion supplied will	u uus tiina does not i	quality for the ex	œmpti	on state	ted 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 eath; 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 12 or Block 13 if changed, or on an attachment with an address.