FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

P93000021720 (6)

DOCUMENT # P93000

1. Corporation Name

KASIK & KASIK COMPANY, INC.

Principal Place of Business

Mailing Address

216 SERENA VILLAS DRIVE SARASOTA FL 34237 216 SERENA VILLAS DRIVE SARASOTA FL 34237



X 01.03.96,

					3. Date Incorporated or Qualified 3a. Date	e of Las' Report
					03/18/1993	5/01/1995
2. Principal Plac	ce of Business	2a. Mailing Address	- 0 >	~ ~	4. FEI Number	Applied For
18U <u>-</u>	SAYFORD CIR	26 18 1 SMN7	063	CIR	65-0395160	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	ASOTA Je	28 SHR AND T	4	Fi	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 2/2	Country	Zip Zip	Country	, ,	8. This corporation has liability for intangible to	ax unders 199.032,
4 74 <	7 7 25	29 34234 30	<u> </u>		Florida Statutes Yes No 10. Name and Address of New Registered	Agent
	9. Name and Address of Current	Hegistered Agent	81	Name	IV. Name and Address of New Nagisterou	- Agoin
740010	TAIN OTENE		L			
ZABOLOTNY, STEVE 8800 49TH STREET NORTH SUITE 406-5				82 Street Address (P.O. Box Number is Not Acceptable)		
				83		
	PINELLAS PARK FL 34666					1001 7-0-1-
LIMETER	S FARR I E STOOD		84	City	Fi	85 Zip Code
11 Pursuant to	the provisions of Sections 607.0502	and 607,1508. Florida Statutes, th	ne above-	named corp	oration submits this statement for the purpose of ch	anging its registered office
or registers	ed agent, or both, in the State of Florid n, and accept the obligations of, Section	a. Such change was authorized by	y the corp	oration's bo	oard of directors. I hereby accept the appointment as	registered agent. I am
	I, and accept the obligations of, section	TO BOT .0000, FISHOR Statutes.				
SIGNATURE _	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	sgistered Age	nt signature requi	ireo when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	Р	DELETE	1. 1 TITLE			Change Addition
NAME	KASIK JAN		1.2 NAME			
STREET ADDRESS	216 SERENA VILLAS DR			T ADDRESS		
CITY - ST - ZIP	SARASOTA FL	☐ DELETE	14 CHY-			Charige Addition
TITLE	KASIK KAROL		2 1 TITLE 2.2 NAME			
NAME	216 SERENA VILLAS DR			T ADDRESS		
STREET ADDRESS	SARASOTA FL		2.3 STREE	į.		
CITY - ST - ZIP		DELETE	3. 1 TITLE			☐ Charge ☐ Addition
NAME	KASIK, PAVOL 1811 SANFORD C SARASOTA TO		3.2 NAME			
STREET ADDRESS	INI SANFORD C	1P		ET ADDRESS		
CITY-SI-ZIP	SARADOTA TI	34234	3 4 CITY-	ST-ZIP		
ITLE		☐ DELETE	4 1 TITLE			Charge Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		
TILLE		☐ DELETE	5 1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS		1	-	T ADDRESS		
CITY - ST - ZIP		C) DELETE	5 4 City-			Change Addition
TITLE		☐ DELETE	6 1 THTLE			
NAME			6.2 NAME			
STREET ADORESS				ET ADDRESS		
CITY-ST-ZIP	y certify that the information supplied y	with this filing is voluntarily furnishe	6.4 CITY ed and do	oc not avalif	y for the exemption stated in Section 119.07(3)(k), F	lorida Statutes. I further
certify that oath: that		ual report or supplemental annual r pration or the receiver or trustee en	npowered		y but the exemples state in state in the same legs this report as required by Chapter 607, Florida State	

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR