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

CORPORATION ANNUAL REPORT 1998 **DOCUMENT #** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 20 1998 8:00am Secretary of State

1. Corporatio	PUNICKI, INC.	0077516 (1)					
Principal Plac	e of Business	Mailing Address				MALL LINEAL ALTAL DIRLA BELL (NA)	
2325 N.W. 6 AVENUE 2325 N.W. 6 AVENUE WILTON MANORS FL 33311 WILTON MANORS FL 33311			014				
WILTON MANORS FL 33311 WILTON MANORS FL 33311					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 11/01/1993		
2. Principal P	Plac <b>e o</b> f Business	28. Mailing Address 26			4. FEI Number 65-0450705	Applied For Not Applicable	
	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional	
City & Stat		City P. Stote	City & State			Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip			Countr	y	8. This corporation owes or has paid the c		
24	25	25 29 30			Personal Property Tax due June 30.	Yes No	
·	9. Name and Address of Currer	nt Registered Agent		1	10. Name and Address of New Registere	d Agent	
	INICKI, DANIEL		81	Name			
2325 N.W. 6 AVENUE WILT <b>O</b> N MANORS FL 33311			82	Street Ad	ess (P.O. Box Number is Not Acceptable)		
			83				
			84	' '	F	L 85 Zip Code	
11. Pursuant office or ragent La	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the oblig-	2 and 607,1508, Flor <b>ida Statut</b> of Florida, Such cha <b>nge wa</b> s a ations of, Section 607,0505, Flo	es, the abov authorized b orida Statute	e-named co y the corpor s.	orporation submits this statement for the purpose ration's board of directors. I hereby accept the a	of changing its registered oppointment as registered	
SIGNATURE	Signature, typed or punile finance of respiterestings	of real title of prests while //NOST		ont signal region	pured when reinstating) DATE		
12.	OFFICERS AN		13.	ant signature red	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE			Change Addition	
NAME			1.2 NAME			5	
STREET ADDRESS	2325 N.W. 6 AVENUE WILTON MANORS FL 33311		1.3 STREET ADDRESS			ļ	
CITY-ST-ZIP TITLE	The second secon		1.4 CITY-5 2.1 TITLE	ST - ZIP		Change Addition	
NAME	GIBSON, DRUSILLA		2.7 THEE			L_ Change L_ Addition C	
STREET ADDRESS	2325 N.W. 6 AVENUE		B '	AODRESS			
CITY-ST-ZIP	WILTON MANORS FL 33311	2.4 CITY-ST-ZIP					
TITLE			31 TITLE			☐ Change ☐ Addition	
NAME			3.2 NAME				
STREET ADDRESS		3.3 ST		ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE NAME			4.1 TITLE 4. 2 NAME			Change Addition	
STREET ADDRESS			4.2 NAME	ADDRESS			
CITY-\$T-ZIP	•		4.3 SINCE				
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS	5.3 \$		5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY - S	1 - ZIP			
TITLE	i		6 1 TITLE			L] Change L] Addition	
NAME OTDEET ADDRESS			6.2 NAME	*DODGCC			
STREET ADDRESS CITY-ST-ZIP			6 3 STREET				
	ortify that the information supplied wi	th this filing does not quality fo	64 City S		in Section 119.07(3)(i), Florida Statutes, I further	certify that the information	

indicated on this annual report of 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 ecceiver or trusted 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 attachnical milit ain address