

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P93000077727 (4)**

1. Corporation Name  
**P & O INVESTMENT CORP.**



Principal Place of Business: **6931 SW 10 ST, PEMBROKE PINES FL 33023**  
Mailing Address: **6931 SW 10 ST, PEMBROKE PINES FL 33023**

3. Date Incorporated or Qualified: **11/03/1993**  
3a. Date of Last Report: **03/21/1995**

2. Principal Place of Business: **21 815 N 48th Ave**  
2a. Mailing Address: **26 815 N 48th Ave**  
22 Suite, Apt. #, etc.

4. FEI Number: **65-0444940**  
Applied For:  Not Applicable

23 City & State: **Hollywood, FL**  
28 City & State: **Hollywood, FL**

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

24 Zip: **33021** 25 Country  
29 Zip: **33021** 30 Country

6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

**9. Name and Address of Current Registered Agent**

**MURAWSKI, PEDRO  
6931 SW 10 ST  
PEMBROKE PINES FL 33023**

**10. Name and Address of New Registered Agent**

81 Name: **MURAWSKI, Pedro**  
82 Street Address (P.O. Box Number is Not Acceptable): **815 N 48th Ave**  
83  
84 City: **Hollywood** 85 Zip Code: **FL 33021**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0605, Florida Statutes.

SIGNATURE: *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: **3-14-96**

12. OFFICERS AND DIRECTORS		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MURAWSKI, PEDRO</b>	
STREET ADDRESS	<b>6931 SW 10 ST</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33023</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MURAWSKI, OLGA</b>	
STREET ADDRESS	<b>6931 SW 10 ST</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33023</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Murawski Pedro</b>	
1.3 STREET ADDRESS	<b>815 N 48th Ave</b>	
1.4 CITY-ST-ZIP	<b>Hollywood FL 33021</b>	
2.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>MURAWSKI OLGA</b>	
2.3 STREET ADDRESS	<b>815 N 48th Ave</b>	
2.4 CITY-ST-ZIP	<b>Hollywood, FL 33021</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **3-14-96**  
Daytime Phone #

CR2E034 (12/95)