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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	IMENT # P9400 KOCSIS, INC.	0001924 (7	")	
Principal Place of Business Mailing Address				
10661 REGENT CIRCLE NAPLES FL 34109 US  10661 REGENT CIRCLE NAPLES FL 34109 US			E	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
2. Principal I	Place of Business	2a. Mailing Address		01/07/1994 4. FEI Number   Applied For
21] 26			65-0466330 Not Applicable	
Suite, Apt	. #, elc.	Suite, Apt. #, etc.		5. Certificate of Status Desired   \$8.75 Additional
22		27		Fee Required
City & Ste	l <del>lo</del>	City & State		6. Election Campaign Financing \$5.00 May Be
Zip	Country	28	Country	Trust Fund Contribution Added to Fees
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No
	9. Name and Address of Curre		1331	10. Name and Address of New Registered Agent
KOCSIS, AKOS G 1961 ROOKERY BAY DR. #405 NAPLES FL 33961				treet Address (P.O. Box Number is Not Acceptable)  ifly   85   Zip Code
SIGNATURE	Signature, typed or printed name of registered ag	ent and little if applicable. (N	NOTE Registered Agent sign	amed corporation submits this statement for the purpose of changing its registered e corporation's board of directors. I hereby accept the appointment as registered grature required when reinstaling)  DATE
12.	OFFICERS AN	ID DIRECTORS DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
NAME	KOCSIS, AKOS G		1.2 NAME	
STREET ADDRESS CITY-ST-ZIP	10661 REGENT CIR. NAPLES FL		1.3 STREET ADDRI 1.4 CITY-ST-ZIP	
TITLE	VP	DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KOCSIS, ERIKA		2.2 NAME	
STREET ADDRESS	10661 REGENT CIR.		2.3 STREET ADDA	AESS ,
CITY-ST-ZIP	NAPLES FL	C or err	2.4 CITY-ST-ZIP	
TITLE	İ	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRE	ncec
CITY-ST-ZIP			3.4 CITY-ST-ZIP	<b>!</b>
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRE	RESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETÉ	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRE	
CITY-ST-ZIP		DELETE	5.4 CHY-ST-ZIP	
TITLE			6.1 TATLE	☐ Change ☐ Addition
NAME STREET ADDRESS	}		6.2 NAME 6.3 STREET ADDRE	occ
SUBSCIPATION 199	i		■ 0.3 SINCEL RUUKE	EGO

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

**FILED** 

Feb 20 1998 8:00am

Secretary of State