

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 17 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000003187 (9)

1. Corporation Name

EDMUND F. BEDNAREK, INC.

Principal Place of Business

1250 SOUTHWEST 113TH TERRACE
SUITE 230
PEMBROKE PINES FL 33025

Mailing Address

1250 SOUTHWEST 113TH TERRACE
SUITE 230
PEMBROKE PINES FL 33025

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/13/1994

3a. Date of Last Report

2. Principal Place of Business

21 1250 S.W. 113TH Terrace

Suite, Apt. #, etc.

22 Suite 203

City & State

23 Pembroke Pines FL

Zip

24 33025

Country

25 BROWARD

2a. Mailing Address

26 1250 S.W. 113TH Terrace

Suite, Apt. #, etc.

27 Suite 203

City & State

28 Pembroke Pines, FL

Zip

29 33025

Country

30 BROWARD

4. FEI Number

65-0467377

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. The corporation has liability for intangible tax under S. 189.012
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BEDNAREK, EDMUND F
1250 SW 113TH TERR., SUITE 203
PEMBROKE PINES FL 33025

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0505, Florida Statutes.

SIGNATURE

(Agent or Officer (printed name of registered agent and last 7 characters)

(Officer (Printed Agent signature required when changing)

(Date)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

P
EDMUND F. BEDNAREK
1250 S.W. 113TH Terrace; #203
PEMBROKE PINES, FL 33025

T-S
DONNA K. BEDNAREK
1250 S.W. 113TH Terrace; #203
PEMBROKE PINES, FL 33025

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)(b), 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 resolver or trustee empowered to execute this report as required by Chapter 187, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed), or on an attachment with an address.

SIGNATURE:

EDMUND F. BEDNAREK, PRES.

4/17/95

Date

805-432-0896

(Agent's Phone)