

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000003187 (9)

1. Corporation Name

EDMUND F. BEDNAREK, INC.



Principal Place of Business

Mailing Address

1250 SW 113TH TERRACE
SUITE 203
PEMBROKE PINES FL 33025
US

1250 SW 113TH TERRACE
SUITE 203
PEMBROKE PINES FL 33025
US

3. Date Incorporated or Qualified
01/13/1994

3a. Date of Last Report
04/17/1995

2. Principal Place of Business

2a. Mailing Address

21 660 CASCADE FALLS DR

26 660 CASCADE FALLS DR

4. FEI Number

65-0467377

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Ft. Lauderdale FL

City & State

28 Ft. Lauderdale FL

Zip

24 33327

Country

25 BROWARD

Zip

29 33327

Country

30 BROWARD

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

660 CASCADE FALLS DR

83

84 City

Ft. Lauderdale

FL

85 Zip Code

33327

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and time if applicable

(If the Registered Agent's signature is required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME P
BEDNAREK, EDMUND F
STREET ADDRESS 1250 S.W. 113TH TERRACE, #203
CITY - ST - ZIP PEMBROKE PINES FL

TITLE ☐ DELETE

NAME TS
BEDNAREK, DONNA K
STREET ADDRESS 1250 S.W. 113TH TERRACE, #203
CITY - ST - ZIP PEMBROKE PINES FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☒ Change ☐ Addition

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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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donna K. Bednarek, Secy-Treas

6-12-96 954-349-0496

Day

Display Phone #

CR2E034 (3/96)