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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000011574

1. Corporation Name SAWCHUK, INC.

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90123 008 ***150.00



				8); 30 3
Principal Place of Business	Mailing Address			
13091 SADDLE WAY BROOKSVILLE FL 34614	13091 SADDLE WAY BROOKSVILLE FL 34614		DO NOT WIDITE IN THE	IC CDACE
			DO NOT WRITE IN TH	IS SPACE
			3. Date Incorporated or Qualifed 02/04/1994	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
4	26		59-3229692	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	-\$5:00 May Be Added to Fees
Zip Country		Country	This corporation owes the current year Personal Property Tax.	ntangible ∑Yes □ No
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
SAWCHUK, ALEXANDER		81 Name		
13091 SADDLE WAY		82 Street Address (P.O. Box Number is Not Acceptable)		
BROOKSVILLE FL 34614		83		
		84 City	F	85 Zip Code
 Pursuant to the provisions of Sections 607 office or registered agent, or both, in the Si agent. I am familiar with, and accept the ot 	tate of Florida. Such change was authori:	zed by the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the appropriate the statement of the purpose in the statement of the	of changing its registered cointment as registered
SIGNATURE Signature, typed or printed name of registered	d agent and title if applicable. (NOTE: Regist	ered Agent signature require	ed when reinstating) DATE	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ■ Addition **DSPT** ☐ DELETE 1.1 TITLE TITLE SAWCHUK, ALEXANDER 1.2 NAME NAME 13091 SADDLE WAY STREET ADDRESS 1.3 STREET ADDRESS **BROOKSVILLE FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2,3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY+ST-ZIP ☐ Change Addition □ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)