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APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



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

95 MAY - 1 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000051316 (5)**

1. Corporation Name
MICHAEL BIKOWICZ A.C., INC.

Principal Place of Business
**318 CAROLINE AVENUE
WEST PALM BEACH FL 33413**

Mailing Address
~~318 CAROLINE AVENUE
WEST PALM BEACH FL 33413~~
**PO Box 210184
Royal Palm Beach FL
33421-0184**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/07/1994** 3a. Date of Last Report

4. FEI Number **650536840** 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

2. Principal Place of Business 2a. Mailing Address

21 **318** 26 **PO Box 210184**

Suite, Apt. #, etc. Suite, Apt. #/etc.

22 **318** 27 **R.P.B.**

City & State City & State

23 **FLA** 28 **FLA**

Zip Country Zip Country

24 **33413** 25 **FL** 29 **33421** 30 **FL**

9. Name and Address of Current Registered Agent

**BIKOWICZ, CATHLEEN
318 CAROLINE AVENUE
WEST PALM BEACH FL 33413**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
P.O. Box 210184

83 **ROYAL PALM BEACH**

84 City 85 Zip Code
FL 33421

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE **PD**

NAME **BIKOWICZ, MICHAEL**

STREET ADDRESS **318 CAROLINE AVENUE**

CITY - ST - ZIP **WEST PALM BEACH FL 33413**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS **P.O. Box 210184**

1.4 CITY - ST - ZIP **R.P.B. FLA 33421**

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE Change 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 118.07(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 appointment with an address.

SIGNATURE: *Michael Bikowicz* Date: **4-20-95** 478-0094