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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

\_\_\_\_1997

2. Principal Place of Business

16823 801

BIKOWICZ, CATHLEEN PO BOX 210184

**ROYAL PALM BEACH FL 33421** 

Suite, Apt. #, etc.

POCUMENT # P94000051316 (5)

MICHAEL BIKOWICZ A.C., INC.

| Principal Place of Business | Mailing Address                                       |
|-----------------------------|---|
| MCOT PARM DEACH EL 93418    | PO BOX 210184<br>ROYAL PALM BEACH FL 33421-0184<br>US |
|                             |   |

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Palm Bouch 28

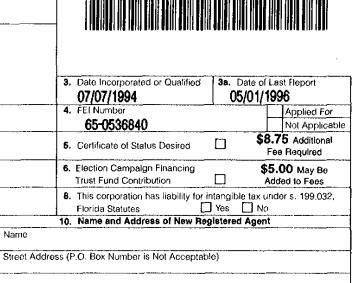
9. Name and Address of Current Registered Agent

2a. Mailing Address

City & State

Suite, Apt. #, etc.

FILED Apr 29 1997 8:00am Secretary of State



83 84 City Zip Code 85 11. Pursuant to the provisions of Soctions 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS (96/6) 13. Change DELETE Addition TITLE 1.1 TITLE BIKOWICZ, MICHAEL NAME 1.2 NAME PO BOX 210184 N/A STREET ADDRESS 1.3 STREET ADDRESS ROYAL PALM BEACH FL CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE Addition Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CHTY-ST-ZIP DELETE \_\_\_ Addition TITLE 3 1 1HLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 51 TITLE Change Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 C/TY - ST - ZIP DELETE Change Addition TITLE 61 THIE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. I do 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 ennual 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.

Country

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