

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000000460 (2)**

1. Corporation Name

MARK J. CHMIELARSKI, P.A.

Principal Place of Business

**533 VERSAILLES DR
SUITE 100
MAITLAND FL 32751
US**

Mailing Address

**533 VERSAILLES DR
SUITE 100
MAITLAND FL 32751
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1995

4. FEI Number

59-3287112

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 950 S. WINTER PARK DR.

Suite, Apt. #, etc.

22 SUITE 200

City & State

23 CASSELBERRY, FL

Zip

24 32707

Country

25 USA

2a. Mailing Address

26 950 S. WINTER PARK DR.

Suite, Apt. #, etc.

27 SUITE 200

City & State

28 CASSELBERRY, FL

Zip

29 32707

Country

30 USA

9. Name and Address of Current Registered Agent

**CHMIELARSKI, MARK J.
533 VERSAILLES DR
SUITE 100
MAITLAND FL 32751**

10. Name and Address of New Registered Agent

81 Name

MARK J. CHMIELARSKI

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

950 S. WINTER PARK DRIVE

83

SUITE 200

84 City

CASSELBERRY

FL

85 Zip Code

32707

11. Pursuant to the provisions of Sections 607.0502 and 607.508, 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

Mark J. Chmielarski

REGISTERED AGENT / PRESIDENT

4-28-98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**NAME
PVT
CHMIELARSKI, MARK J.
STREET ADDRESS
533 VERSAILLES DR, SUITE 100
CITY-ST-ZIP
MAITLAND FL**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
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CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
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CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**1.2 NAME
1.3 STREET ADDRESS
950 S. WINTER PARK DRIVE, SUITE 200
1.4 CITY-ST-ZIP
CASSELBERRY, FL 32707**

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 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.

SIGNATURE

Mark J. Chmielarski

MARK J. CHMIELARSKI

4-28-98

CR2E034 (10/97)