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Apr 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000006825 (0)**

1. Corporation Name

ROBIN A. KOCIELKO, C.P.A., C.F.P., P.A.



Principal Place of Business

**215 5TH ST.
STE 200
W. PALM BEACH FL 33401**

Mailing Address

**215 5TH ST.
STE 200
W. PALM BEACH FL 33401-4023**

3. Date Incorporated or Qualified
01/24/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 **12300 ALTERNATE A1A**

2a. Mailing Address

26 **SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **110**

27

City & State

City & State

23 **PALM BEACH GDN FL**

28

Zip

Country

Zip

Country

24 **33410**

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KOCIELKO, ROBIN A
215 5TH ST.
SUITE 200
W. PALM BEACH FL 33401**

81 Name

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

12300 ALTERNATE A1A

83

SUITE 110

84

PALM BEACH GARDENS FL

85 Zip Code

33410

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

Robin A. Kocielko

ROBIN A. KOCIELKO

DATE

1-22-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **KOCIELKO, ROBIN A**
STREET ADDRESS **215 5TH STREET, STE 200**
CITY - ST - ZIP **W. PALM BEACH FL 33401**

1.1 TITLE **P/D/S/T** ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **12300 ALTERNATE A1A, SUITE 110**
1.4 CITY - ST - ZIP **PALM BEACH GARDENS FL 33410**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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 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:

Robin A. Kocielko

ROBIN A. KOCIELKO

Date

1-22-97 (561) 227-0200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/96)