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

Mailing Address

ELM W. CODANG DOAD

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

KING W. CODANG DOAD



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000010332 (1) 1. Corporation Name

ZIELINSKI & COMPANY, P.A.

SUITE 400 MARGATE FL 33063		SUITE 400	SUITE 400 MARGATE FL 33063-7700			Data Income and of Continue	Los Days et Los D		
						3. Date Incorporated or Qualified 02/07/1995	3a. Date of Last R 09/09/1996	eport	
2. Principal Pi	ace of Business	2a. Mailing A	ddress			4. FEI Number		plied For	
21		26	26			65-0570399	 	t Applicable	
Suite, Apt	#, etc.	··· · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.				¢0.75		
22		27	4			5. Certificate of Status Desired		quired	
City & State			Cily & State			6. Election Campaign Financing	\$5.00	May Bo	
23		28	8			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Zip Country			8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30				Yes No	,	
g, Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
ZIELI	INSKI, TERRENCE A			81	Name				
5100 W. COPANS ROAD				82 Street Address (P.O. Box Number is Not Acceptable)					
	E 400		95 20 Seet Wool			ress (P.O. Box Number is Not Acceptab	ne)		
	GATE FL 33063			83		······································			
17041	G112 1 2 00000								
				84	City		FL 85 Zip	Code	
office or re	egistered agent, or both, in the S	tate of Florida. Such cl	nange was authori	zed by	the corpora	poration submits this statement for the pation's board of directors. I hereby accept	urpose of changing it of the appointment as	ls registered registered	
Ť	m familiar with, and accept the of	bligations of Section 6	07.0505, Florida S	Statutes	i.				
SIGNATURE	Signature, typed or printed name of registers	agent and title if applicable	(NOTE: Regist	lered Age	nt signature requi	ired when reinstating)	DATE		
12.	OFFICERS	AND DIRECTORS	1:	3.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 12	
TITLE	PD		DELETE 1.	1 TITLE			Change	Addition	
NAME	ZIELINSKI, TERRENCE A		1.3	2 NAME					
STREET ADDRESS	5100 W. COPANS RD., SUI	TE 400	1.3	3 STREET	ADDRESS				
CITY-ST-ZIF	MARGATE FL 33063		1,	4 CITY - S	T. 7(P				
TIFLE	STD		·····	1 TITLE	(a.a.)	***************************************	Change	Addition	
NAME	ZIELINSKI, KATHLEEN			2 NAME					
STREET ADDRESS	5100 W. COPANS RD., SUI	TF 400			ADDRESS				
CHTY-ST-ZIP	MARGATE FL 33063			4 CITY-S					
THILE	MATCHE 12 00000			1 TITLE	01.74		☐ Change	Addition	
NAME		_		2 NAME					
					ADDRESS				
STREET ADDRESS					ADDRESS				
CITY-\$1-7P				4. CITY - 9	01 · ZIP	<u> </u>	Change	Addition	
TITLE		L.		1 TITLE			L. Onsile	חטטיייטיו (
NAME {				2 NAME					
SIREET ADDRESS					address				
CITY-ST-ZIP				4 CITY - S	T-ZIP		THAC	1 1 4 200	
TITLE		L.		1 TITLE			Change	Addition	
NAME			5:	2 NAME					
STREET ADDRESS			5:	3 STREET	ADDRESS				
CITY-S1-ZiP				4 CiTY-S	T-ZIP				
THLE		Ĺ.	DELETE 6	1 TITLE			☐ Change	Addition	
NAME			6:	2 NAME					
STREET ADDRESS			6:	3 STREET	ADDRESS				
0171/ 61 310				1074.0	7 710				

14. I do hereby certify that the information supplied with this filting 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

SIGNATURE

TIMESUCE A ZIEUNSKI
SINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/97 954-9756920 Date Day, me Prone #

FILED

Feb 05 1997 8:00am

Secretary of State