

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

FILED
May 08 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 # P95000010332 (1)

1. Corporation Name

ZIELINSKI & COMPANY, P.A.

Principal Place of Business

Mailing Address

5100 W. COPANS ROAD
SUITE 400
MARGATE FL 33063

5100 W. COPANS ROAD
SUITE 400
MARGATE FL 33063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/07/1995

4. FEI Number

65-0570399

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

2a. Mailing Address

21 5100 W. COPANS RD.

26 P.O. Box 9017

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Su. 700 100

27

City & State

City & State

23 MARGATE, FL

28 CORAL SPRINGS, FL

Zip

Zip

Country

Country

24 33063

25 USA

29 33063

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZIELINSKI, TERRENCE A
5100 W. COPANS ROAD
SUITE 400
MARGATE FL 33063

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ZIELINSKI, TERRENCE A
STREET ADDRESS 5100 W. COPANS RD., SUITE 400
CITY-ST-ZIP MARGATE FL 33063

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☒ Change

☐ Addition

SUITE 100

TITLE STD
NAME ZIELINSKI, KATHLEEN
STREET ADDRESS 5100 W. COPANS RD., SUITE 400
CITY-ST-ZIP MARGATE FL 33063

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change

☐ Addition

SUITE 100

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

Terrence A Zielinski

4/20/98 954-975-6920

CR2E034 (10/97)