


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

FILED
Apr 28 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 # **P95000063557 (9)**

1. Corporation Name
MC ART, INC.

Principal Place of Business

**206 MONTEREY SO
101 SCARBROUGH LANE
BOYNTON BEACH FL 33436
US**

Mailing Address

**206 MONTEREY SO
101 SCARBROUGH LANE
BOYNTON BEACH FL 33436
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/16/1995

4. FEI Number

65-0604584

Applied For

NUMBER CORRECT

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 3891 ISLAND CLUB CIR W

26 3891 ISLAND CLUB CIR W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

23 LANTANA, FLORIDA

27. City & State

28 LANTANA, FL

Zip

Country

24 33462

25 USA

Zip

Country

29 33462

30 USA

9. Name and Address of Current Registered Agent

**WOJTOWICZ, MALGORZATA
101 SCARBROUGH LANE
BOYNTON BEACH FL 33436**

10. Name and Address of New Registered Agent

81. Name

WOJTOWICZ MALGORZATA

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

3891 ISLAND CLUB CIR W

83.

84. City

LANTANA

FL

85. Zip Code

33462

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

MALGORZATA WOJTOWICZ

MALGORZATA WOJTOWICZ

4.16.98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **WOJTOWICZ, MALGORZATA**
STREET ADDRESS **101 SCARBROUGH LANE**
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE **D** ☐ DELETE

NAME **WOJTOWICZ, KRZYSZTOF**
STREET ADDRESS **101 SCARBROUGH LANE**
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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 **WOJTOWICZ MALGORZATA**
1.3 STREET ADDRESS **3891 ISLAND CLUB CIR W**
1.4 CITY-ST-ZIP **LANTANA, FL 33462**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **WOJTOWICZ KRZYSZTOF**
2.3 STREET ADDRESS **3891 ISLAND CLUB CIR W**
2.4 CITY-ST-ZIP **LANTANA, FL 33462**

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:

MALGORZATA WOJTOWICZ

MALGORZATA WOJTOWICZ

4.16.98

5611438-4471

CR2E034 (10/97)