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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000073678 (1)

JOSEPH C. SKALSKI, P.A.

FILED Feb 27 1998 8:00am Secretary of State

JUSEP	n o skalski fia								
Principal Plac	e of Business	М	ailing Address				. La bletta i ill i inin i miste mulli basis paiss bit	ili i hbar ini n a irii	fanti inti inti
4500 140TH AVENUE NO. STE 214 4500 140TH AVENUE NO. CLEARWATER FL 34622 CLEARWATER FL 34622				STE 214			DO NOT WIRITE IN 1	THIS SDACE	
							DO NOT WRITE IN 1	HIS SPACE	
							 Date Incorporated or Qualified 09/22/1995 		
2. Principal P	lace of Business	20	Mailing Address				4. FEI Number		Applied For
21		26	•				59-3336646		Not Applicable
Suite, Apt	#, etc.	- 1221	Suite, Apt. #, etc.					\$8.7	Additional
22		27]					5. Certificate of Status Desired	Fee	Required
City & Stat	0		City & State				6, Election Campaign Financing		May Be
23		28					Trust Fund Contribution	Adde	d to Fees
」 ^{Zip} るス	162 25 Country	ļ.,	33762	Country	•		8. This corporation owes or has paid th		
24 33	g. Name and Address of Curren	29		30]			Personal Property Tax due June 30. 10. Name and Address of New Register	Yes Yes	∐ No
-		n negis	tered Agent	81	Name		10, Name and Address of Hew Negisti	area Agent	
	ALSKI, JOSEPH C	ı		82					
4500 140TH AVENUE NO. STE 214					Street	Addre	ss (P.O. Box Number is Not Acceptable)		
, CL	EARWATER FL 34622 -			83					
				84	City			FL 85 Z	p Code 33762
11 Pursuant	to the provisions of Sections 607 050	2 and 6	07 1508 Florida Statute	s the abov	a-name(d corpo	ration submits this statement for the purpo	se of changing	its registered
office or r	egistered agont, or both, in the State	of Flori	da Such change was au	thorized by	the co	rporatio	ration submits this statement for the purpoints board of directors. I hereby accept the	appointment	as registered
	ini ramillar with, and accept the obliga	anons o	i, Section 607,0505, Flor	ioa Statute:	S.				
SIGNATURE	Signature, typod or printed himse of registered age	utanc fife	if applicable (NOTE	Registered Age	nt signatur	e required	when reinstating) D.	ATE	
12.	OFFICERS AN			13.		· · · ·	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
TITLE	PST		DELETE	1.1 TOTLE			5T' D	Change Ch	e 🔲 Addition
NAME	SKALSKI, JOSEPH C			1.2 NAME		SK	ALSKI, JOSEPH C 101 Leslee Lake Dr. N.		
STREET ADDRESS	1 1901 4TH STREET NORTH S	STE 91	6 ~	1.3 STREET	ADDRESS	24	101 hestee Lake Dr. N.		
CITY-ST-ZIP	ST . PETERSBURG FL			1.4 CITY - S	T-ZIP	St	· PETERSburg, FL	<u>33113 </u>	
TITLE			DELETE	2.1 TITLE		1	0,3	Chang	e 🔲 Addition
NAME				2.2 NAME		İ			
STREET ADDRESS				23 STREET	ADDRESS				
CITY-ST-ZIP				2. 4 CITY-	ST-ZIP	↓			
TITLE			☐ DELETE	3.1 TITLE				Chang	e 🗀 Addition
NAME				3.2 NAME					
STREET ADORESS				3.3 STREET					
CITY-ST-ZIP TITLE			DETETE	3 4. CITY-	51-ZIP	 		Chang	e Addition
· ·			FT retrie	4 2 NAME		1			
NAME Street address				4.3 STREET	ADDRESS				
CITY-ST-ZIP				4		1			
TITLE		···	DELETE	4.4 CITY - S 5.1 TITLE	1-64	 		Chang	e Addition
NAME				5.2 NAME		1			
STREET ADDRESS				5.3 STREET	ADDRESS				
CITY-ST-ZIP				5.4 CITY - S		1			
TITLE			DELETE	6.1 TITLE		1		Chang	e L Addition
NAME			100 K 2 M	62 NAME				·	
STREET ADDRESS				6.3 STREET	ADDRESS				
CITY-ST-ZIP				6.4 CITY - S		1			

4. Thereby 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 13 if changed, or on an all-achievent with an address.

SIGNATURE: Joseph & Shalki

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JOSEPH C. SKALSKI, Pres. 1/5

1/5/98 (813)536-5001