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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000074169

1. Corporation Name

Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90023 025 ***150.00

JIM KLO	CKOWSKI, INC.								
Principal Place	e of Business	Mailing Address				- I INDIERNI SIN IQIDI QI(II OBIIK NDISI UNIII 981	i) 18211 91991 11810	#111# 1#() 1# }	
5533 LEEWARD		5533 LEEWARD LANE							
NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 346			14652						
						DO NOT WRITE IN TH	IS SPACE		ı
						3. Date Incorporated or Qualifed 09/25/1995			
Principal Place of Business 2a. Mailing Address						4. FEI Number	Ap	plied For	
21		26				59-3338625		t Applicable	5
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75		Ι,
22		27				<u> </u>	Fee Re	<u>-i</u>	l
City & State	e	City & State				6. Election Campaign Financing	\$5.00 Added t		
23		Zip ·	Col	untry	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution		O Leas	
Zip	Country	├ ─ '	30	анц у		This corporation owes the current year I Personal Property Tax.	ntangible Yes	□No	
24	9. Name and Address of Current	Registered Agent	30	T -		10. Name and Address of New Registere			
	3. Haire and Address of Current	regioto.ou rigorit		81	Name				Ì
KLO	CKOWSKI, JIM								
5533	LEEWARD LANE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	,		
NEW	PORT RICHEY FL 34652			83		200	atio: \$11 %	All delige	
'4L**						<u>。 </u>	中では、15日1月1日 - マロコード	in Chillin	ĺ
				84	City	F	_	Code	t
_						•	_		İ
11. Pursuant office or reagent. I ar	egistered agent, or both, in the State o m familiar with, and accept the obligation	of Florida. Such change was ions of, Section 607.0505, F	authorized lorida Stat	d by t tutes.	ne corporation	oration submits this statement for the purpose in's board of directors. I hereby accept the app	of changing its	registered gistered	
11. Pursuant office or reagent. I ar	egistered agent, or both, in the State o m familiar with, and accept the obligation Signature, typed or printed name of registered agent	of Florida. Such change was ons of, Section 607.0505, Florida and bite if applicable. (NO	authorized lorida Stat TE Registered	d by to tutes.	-named corpo he corporation signature required	oration submits this statement for the purpose in a board of directors. I hereby accept the app	of changing its ointment as re	gistered	180
11. Pursuant office or reagent. I ar SIGNATURE	egistered agent, or both, in the State om familiar with, and accept the obligation of the state	of Florida. Such change was ions of, Section 607.0505, Florida and bite if applicable. ODIRECTORS	authorized lorida Stat TE: Registered 13,	d by to	ne corporation	oration submits this statement for the purpose in's board of directors. I hereby accept the app	of changing its ointment as re	ORS IN 12	14/00)
11. Pursuant office or reagent. I ar SIGNATURE	egistered agent, or both, in the State om familiar with, and accept the obligation of signature, typed or printed name of registered agent OFFICERS AND	of Florida. Such change was ons of, Section 607.0505, Florida and bite if applicable. (NO	authorized lorida Stat TE Registered 13.	d by to	ne corporation	oration submits this statement for the purpose in a board of directors. I hereby accept the app	of changing its ointment as re	gistered	(44,00)
11. Pursuant office or reagent. I ar SIGNATURE 12. TITLE NAME	egistered agent, or both, in the State of mamiliar with, and accept the obligation of signature, typed or printed name of registered agent OFFICERS AND P KLOCKOWSKI, JIM	of Florida. Such change was ions of, Section 607.0505, Florida and bite if applicable. ODIRECTORS	authorized lorida Stat TE Registered 13. 1.1 TI 1.2 N.	d by to	ne corporation	oration submits this statement for the purpose in a board of directors. I hereby accept the app	of changing its ointment as re	ORS IN 12	(007 74 (00)
11. Pursuant office or reagent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the State of mamiliar with, and accept the obligation of the obligation o	of Florida. Such change was ions of, Section 607.0505, Florida and bite if applicable. ODIRECTORS	authorize lorida Stat TE: Registered 13. 1.1 TI 12 N 1.3 S	d by to	signature required ADDRESS	oration submits this statement for the purpose in a board of directors. I hereby accept the app	of changing its ointment as re	ORS IN 12	00E004 (44 (00)
11. Pursuant office or reagent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of mamiliar with, and accept the obligation of signature, typed or printed name of registered agent OFFICERS AND P KLOCKOWSKI, JIM	of Florida. Such change was ions of, Section 607.0505, Florida and bite if applicable. (NO DIRECTORS	authorized lorida Stat TE: Registered 13. 1.1 TI 12 N 1.3 S 1.4 C	d by titles. d Agent ITLE IAME TREET	signature required ADDRESS	oration submits this statement for the purpose in a board of directors. I hereby accept the app	of changing its cointment as re	ORS IN 12	ODOTO 24 (44 100)
11. Pursuant office or reagent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State of mamiliar with, and accept the obligation of the obligation o	of Florida. Such change was ions of, Section 607.0505, Florida and bite if applicable. ODIRECTORS	authorized lorida Stat TE: Registered 13. 1.1 Ti 12 N 1.3 S 1.4 C 2.1 Ti	d by to tutes. d Agent ITLE AME TREET ITLY-ST	signature required ADDRESS	oration submits this statement for the purpose in a board of directors. I hereby accept the app	of changing its ointment as re	DRS IN 12	00010001
11. Pursuant office or reagent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State of mamiliar with, and accept the obligation of the obligation o	of Florida. Such change was ions of, Section 607.0505, Florida and bite if applicable. (NO DIRECTORS	authorized lorida Stat TE: Registered 13. 1.1 TI 12 N 1.3 S 1.4 C 2.1 TI 2.2 N	d by to tutes. d Agent ITLE IAME ITREET ITLE ITTY-ST ITLE IAME	signature required ADDRESS	oration submits this statement for the purpose in a board of directors. I hereby accept the app	of changing its cointment as re	DRS IN 12	0001004 (44 (00)
11. Pursuant office or reagent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State of mamiliar with, and accept the obligation of the obligation o	of Florida. Such change was ions of, Section 607.0505, Florida and bite if applicable. (NO DIRECTORS	authorizet lorida Stat TE: Registerec 13. 1.1 Ti 12 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S	d Agent d Agent ITLE AME TREET	signature required ADDRESS ADDRESS	oration submits this statement for the purpose in a board of directors. I hereby accept the app	of changing its cointment as re	DRS IN 12	0001007
11. Pursuant office or reagent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of mamiliar with, and accept the obligation of the obligation o	of Florida. Such change was ons of, Section 607,0505, Florida and bite if applicable. (NO DIRECTORS DELETE	authorizet lorida Stat TE: Registered 13. 1.1 TI 12 N 2.1 TI 22 N 2.3 S 2.4 C	d by titutes. d Agent ITLE IAME TREET ITLE IAME TREET CITY-ST	signature required ADDRESS ADDRESS	oration submits this statement for the purpose in a board of directors. I hereby accept the app	of changing its cointment as re	ORS IN 12 Addition Addition	ODDE004 (44,00)
11. Pursuant office or reagent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State of mamiliar with, and accept the obligation of the obligation o	of Florida. Such change was ions of, Section 607.0505, Florida and bite if applicable. (NO DIRECTORS	authorizet lorida Stat TE: Registeret 13. 1.1 TI 12 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI	d by titutes. ITLE IAME ITTY-ST- ITLE IAME ITREET / ITTE IAME ITREET / ITTE ITTE ITTE ITTE ITTE	signature required ADDRESS ADDRESS	oration submits this statement for the purpose in a board of directors. I hereby accept the app	of changing its cointment as re	DRS IN 12	000000000000000000000000000000000000000
11. Pursuant office or reagent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	egistered agent, or both, in the State of mamiliar with, and accept the obligation of the obligation o	of Florida. Such change was ons of, Section 607,0505, Florida and bite if applicable. (NO DIRECTORS DELETE	authorizet lorida Stat TE: Registeret 13. 1.1 TI 12 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N	d by titutes. ITLE IAME ITTLE IAME ITTLE IAME ITTLE IAME ITTLE IAME ITTLE IAME	asignature required ADDRESS -ZIP ADDRESS 1-ZIP	oration submits this statement for the purpose in a board of directors. I hereby accept the app	of changing its cointment as re	ORS IN 12 Addition Addition	0001007
11. Pursuant office or reagent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	egistered agent, or both, in the State of mamiliar with, and accept the obligation of the obligation o	of Florida. Such change was ons of, Section 607,0505, Florida and bite if applicable. (NO DIRECTORS DELETE	authorizet lorida Stat TE: Registeret 13. 1.1TI 12.N 1.3S 1.4 C 2.1TI 22.N 2.3 S 2.4 C 3.1 TI 32.N 3.3 S	d by titles. ITLE AME TREET ITLE AME	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	oration submits this statement for the purpose in a board of directors. I hereby accept the app	of changing its cointment as re	ORS IN 12 Addition Addition	0001001 (44,00)
11. Pursuant office or reagent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of mamiliar with, and accept the obligation of the obligation o	of Florida. Such change was ons of, Section 607,0505, Fland bite if applicable. (NO DIRECTORS DELETE	authorizet lorida Stat TE: Registeret 13. 1.1 TI 12 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C	d by titutes. It d Agent ITLE AME ITLE	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	oration submits this statement for the purpose in a board of directors. I hereby accept the app	of changing its cointment as re	PRS IN 12 Addition Addition	000000000000000000000000000000000000000
11. Pursuant office or reagent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State of mamiliar with, and accept the obligation of the obligation o	of Florida. Such change was ons of, Section 607,0505, Florida and bite if applicable. (NO DIRECTORS DELETE	authorize lorida Stat TE: Registered 13. 1.1 TI 12 N 1.3 S 1.4 C 2.1 TI 22 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI	d by titles. ITLE ITLE IAME ITLE	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	oration submits this statement for the purpose on's board of directors. I hereby accept the appear of when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	of changing its ointment as re	PRS IN 12 Addition Addition	000000
11. Pursuant office or reagent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State of mamiliar with, and accept the obligation of the obligation o	of Florida. Such change was ons of, Section 607,0505, Fland bite if applicable. (NO DIRECTORS DELETE	authorize (lorida Stat) 13.	d by titles. ITLE ITLE IAME ITLE address	oration submits this statement for the purpose on's board of directors. I hereby accept the appear of when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	of changing its ointment as re	PRS IN 12 Addition Addition	OBSESSA (44,68)	
11. Pursuant office or reagent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State of mamiliar with, and accept the obligation of the obligation o	of Florida. Such change was ons of, Section 607,0505, Fland bite if applicable. (NO DIRECTORS DELETE	authorize lorida Stat TE: Registered 13. 1.1TI 12 N. 1.3S 1.4C 2.1TI 22 N. 2.3 S 2.4 C 3.1 TI 3.2 N. 3.3 S 3.4 C 4.1 TI 4.2 N. 4.3 S	ITLE ITLE AME ITLE AME ITLE IT	ADDRESS ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	oration submits this statement for the purpose on's board of directors. I hereby accept the appear of when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	of changing its ointment as re AND DIRECTO Change	PRS IN 12 Addition Addition	000000000000000000000000000000000000000
11. Pursuant office or reagent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of mamiliar with, and accept the obligation of the obligation o	or Florida. Such change was ons of, Section 607,0505, Fland bite if applicable. (NO DIRECTORS DELETE DELETE	authorize lorida Stat TE: Registered 13. 1.1 TI 12 N 1.3 S 1.4 C 2.1 TI 22 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 C	d by tiltes. ITLE ITLE ITLE ITLE IAME ADDRESS ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	oration submits this statement for the purpose on's board of directors. I hereby accept the appear of when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	of changing its ointment as re AND DIRECTO Change Change	PRS IN 12 Addition Addition	ODDE034 (44,00)	
11. Pursuant office or reagent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State of mamiliar with, and accept the obligation of the obligation o	of Florida. Such change was ons of, Section 607,0505, Fland bite if applicable. (NO DIRECTORS DELETE	authorize lorida Stat TE: Registered 13. 1.1 TI 12 N 1.3 S 1.4 C 2.1 TI 22 N 2.3 S 2.4 C 3.1 TI 32 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 C 5.1 TI	d by tiltes. ITLE ITLE ITLE ITLE IAME ADDRESS ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	oration submits this statement for the purpose on's board of directors. I hereby accept the appoint of the purpose on's board of directors. I hereby accept the appoint of the purpose on the purpose of	of changing its ointment as re AND DIRECTO Change Change	PRS IN 12 Addition Addition Addition	ODOEO04 (44/08)	
11. Pursuant office or reagent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State of mamiliar with, and accept the obligation of the obligation o	or Florida. Such change was ons of, Section 607,0505, Fland bite if applicable. (NO DIRECTORS DELETE DELETE	authorize (lorida Stat) 13.	ITLE AME TREET TITLE AME TREET TITLE AME TREET TITLE TI	ADDRESS ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	oration submits this statement for the purpose on's board of directors. I hereby accept the appoint of the purpose on's board of directors. I hereby accept the appoint of the purpose on the purpose of	of changing its ointment as re AND DIRECTO Change Change	PRS IN 12 Addition Addition Addition	000000
11. Pursuant office or reagent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State of mamiliar with, and accept the obligation of the obligation o	or Florida. Such change was ons of, Section 607,0505, Fland bite if applicable. (NO DIRECTORS DELETE DELETE	authorize lorida Stat TE: Registered 13. 1.1TI 12 N. 1.3S 1.4C 2.1TI 22 N. 2.3S 2.4C 3.1TI 3.2 N. 3.4 C. 4.1TI 4.2 N. 4.3 S. 4.4 C. 5.1TI 5.2 N. 5.3 S.	ITLE AME TREET TITLE AME TREET TITLE AME TREET TITLE TI	address	oration submits this statement for the purpose on's board of directors. I hereby accept the appear of when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	of changing its ointment as re AND DIRECTO Change Change	PRS IN 12 Addition Addition Addition Addition	(00/17) 7000000
11. Pursuant office or reagent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State om familiar with, and accept the obligation of the obligation o	or Florida. Such change was ons of, Section 607,0505, Fland bite if applicable. (NO DIRECTORS DELETE DELETE	authorize lorida Stat TE: Registered 13. 1.1TI 12 N. 1.3S 1.4C 2.1TI 22 N. 2.3S 2.4C 3.1TI 3.2 N. 3.4 C. 4.1TI 4.2 N. 4.3 S. 4.4 C. 5.1TI 5.2 N. 5.3 S.	ITLE ITLE ITLE ITLE ITTLE ITTL	address	oration submits this statement for the purpose on's board of directors. I hereby accept the appoint of the purpose on's board of directors. I hereby accept the appoint of the purpose on the purpose of	of changing its ointment as re AND DIRECTO Change Change	PRS IN 12 Addition Addition Addition Addition	000007 (44,00)
11. Pursuant office or reagent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State om familiar with, and accept the obligation of the obligation o	or Florida. Such change was ons of, Section 607.0505, Fland bite if applicable. (NO) D DIRECTORS DELETE DELETE DELETE	authorize (lorida Stat) 13.	ITLE ITLE ITLE ITLE ITTLE ITTL	address	oration submits this statement for the purpose on's board of directors. I hereby accept the appoint of the purpose on's board of directors. I hereby accept the appoint of the purpose on the purpose of	of changing its ointment as re AND DIRECTO Change Change	PRS IN 12 Addition Addition Addition Addition Addition	000000000000000000000000000000000000000
11. Pursuant office or reagent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State om familiar with, and accept the obligation of the obligation o	or Florida. Such change was ons of, Section 607.0505, Fland bite if applicable. (NO) D DIRECTORS DELETE DELETE DELETE	authorize (lorida Stat) 13.	ITLE IAME ITLE IAME ITREET ITLE IAME	address	oration submits this statement for the purpose on's board of directors. I hereby accept the appoint of the purpose on's board of directors. I hereby accept the appoint of the purpose on the purpose of	of changing its ointment as re AND DIRECTO Change Change	PRS IN 12 Addition Addition Addition Addition Addition	(44,00)

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 dianged, or on an attachment with an address, with all other like empowered.

SIGNATURE: