

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

FILED  
Mar 24, 1999 8:00 am  
Secretary of State

03-24-1999 90039 035 \*\*\*158.75

DOCUMENT # P95000079933

1. Corporation Name  
KAMINSKI SERVICES, INC.

Principal Place of Business

300 OCEAN TRL WAY  
APT 1001  
JUPITER FL 33477  
US

Mailing Address

300 OCEAN TRL WAY  
APT 1001  
JUPITER FL 33477  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/18/1995

4. FEI Number

65-0613068

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 the current year Intangible

Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

414 EAGLETON COVE WAY

City & State

PALM BEACH GARDENS FL

Zip

33418

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

414 EAGLETON COVE WAY

City & State

PALM BEACH GARDENS FL

Zip

33418

Country

29

30

9. Name and Address of Current Registered Agent

KAMINSKI, CAROL ANN  
300 OCEAN TRL WAY  
SUITE 1001  
JUPITER FL 33477

10. Name and Address of New Registered Agent

81 Name

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

414 EAGLETON COVE WAY

83

84 City

PALM BEACH GARDENS

FL

85 Zip Code

33418

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

TITLE PTD ☐ DELETE

NAME KAMINSKI, RONALD S

STREET ADDRESS 300 OCEAN TRL WAY, SUITE 1001

CITY-ST-ZIP JUPITER FL

TITLE VSD ☐ DELETE

NAME KAMINSKI, CAROL ANN

STREET ADDRESS 300 OCEAN TRL WAY, SUITE 1001

CITY-ST-ZIP JUPITER FL 33477

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

CAROL ANN KAMINSKI  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROL ANN KAMINSKI 3/15/99 627-7036  
Date Daytime Phone #

CR2E034 (1/98)

0357624