

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000090388 (6)**

1. Corporation Name

**WEMMKA, INC.**



Principal Place of Business

**250 NW 123RD WAY  
CORAL SPRINGS FL 33071**

Mailing Address

**250 NW 123RD WAY  
CORAL SPRINGS FL 33071**

3. Date Incorporated or Qualified

**11/22/1995**

3a. Date of Last Report

2. Principal Place of Business

**21 1114 Weston Rd**

2a. Mailing Address

**26 1114 Weston Rd**

4. FEI Number

**FIN 65-0628657**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

City & State

**23 Ft. Lauderdale FL**

City & State

**28 Ft. Lauderdale FL**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

Zip

**24 33326**

Country

Zip

**29 33326**

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**LOSZYNSKI, KIMBERLY  
250 NW 123RD WAY  
CORAL SPRINGS FL 33071**

10. Name and Address of New Registered Agent

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 607.1506, 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 officer, if applicable

(NOTE: Registered Agent signature required when rechartering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PD  
LOSZYNSKI, WILLIE  
250 NW 123RD WAY  
CORAL SPRINGS FL 33071**

TITLE ☐ DELETE

**VD  
LOSZYNSKI, ANNA  
250 NW 123RD WAY  
CORAL SPRINGS FL 33071**

TITLE ☐ DELETE

**SD  
LOSZYNSKI, MELISSA  
250 NW 123RD WAY  
CORAL SPRINGS FL 33071**

TITLE ☐ DELETE

**TD  
LOSZYNSKI, KIMBERLY  
250 NW 123RD WAY  
CORAL SPRINGS FL 33071**

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

**300001837953**

**-05/24/96--01023--021**

**\*\*\*200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Willie Loszynski Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/96 (954) 486-8888**  
Date Daytime Phone

CR2E034 (12/95)