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FILED

Apr 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000091420 (6)

1. Corporation Name

CISEK INCORPORATED



Principal Place of Business

3123-B 39TH ST S  
ST PETERSBURG FL 33711

Mailing Address

3123-B 39TH ST S  
ST PETERSBURG FL 33711-3947

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

11/29/1995

3a. Date of Last Report

06/13/1996

4. FEI Number

59-3368341

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

6. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

8. Name and Address of Current Registered Agent

CISEK, MARILYN  
3123-B 39TH ST S  
ST PETERSBURG FL 33711

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 607.1508, 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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP  
CISEK, MARILYN  
STREET ADDRESS 3123-B 39TH ST S  
CITY-ST-ZIP ST PETERSBURG FL 33711

TITLE ☐ DELETE

NAME DV  
CISEK, RAYMOND  
STREET ADDRESS 3123-B 39TH ST S  
CITY-ST-ZIP ST PETERSBURG FL 33711

TITLE ☐ DELETE

NAME D  
FREEMAN, KATHERINE  
STREET ADDRESS 3209 58th ST S # 230  
CITY-ST-ZIP GULFPORT FL 33707

TITLE ☐ DELETE

NAME D  
CISEK, MONICA  
STREET ADDRESS 428 HILL ST #5  
CITY-ST-ZIP SANTA MONICA CA 90405

TITLE ☐ DELETE

NAME D  
WEST, REBECCA  
STREET ADDRESS 3326 CANFIELD S #7  
CITY-ST-ZIP LOS ANGELES CA 90034

TITLE ☐ DELETE

NAME D  
CISEK, MARIA  
STREET ADDRESS 3123-B 39TH ST S  
CITY-ST-ZIP ST PETERSBURG FL 33711

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 D  
FREEMAN, KATHERINE  
3.3 STREET ADDRESS 3209 58TH ST S # 230  
3.4 CITY-ST-ZIP GULFPORT FL 33707

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME D  
CISEK, MONICA  
4.3 STREET ADDRESS 428 HILL ST #5  
4.4 CITY-ST-ZIP SANTA MONICA CA 90405

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME D  
WEST, REBECCA  
5.3 STREET ADDRESS 3326 CANFIELD ST S #7  
5.4 CITY-ST-ZIP LOS ANGELES CA 90034

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME D  
CISEK, MARIA  
6.3 STREET ADDRESS 3123-B 39TH ST S  
6.4 CITY-ST-ZIP ST PETERSBURG FL 33711

14. I do 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:

*Marilyn Cisek*

MARILYN CISEK

PPES

4/28/97

(813) 812-2892

CR2E034 (9/96)