

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

FILED  
May 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/29/1995**

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**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**30** Country

9. 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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>CISEK, MARILYN</b>	
STREET ADDRESS	<b>3123-B 39TH ST S</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33711</b>	

TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>CISEK, RAYMOND</b>	
STREET ADDRESS	<b>3123-B 39TH ST S</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33711</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FREEMAN, KATHERINE</b>	
STREET ADDRESS	<b>3209 58TH ST. S., #230</b>	
CITY-ST-ZIP	<b>GULFPORT FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CISEK, MONICA</b>	
STREET ADDRESS	<b>428 HILL ST., #5</b>	
CITY-ST-ZIP	<b>SANTA MONICA CA</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WEST, REBECCA</b>	
STREET ADDRESS	<b>3326 CANFIELD ST. S., #7</b>	
CITY-ST-ZIP	<b>LOS ANGELES CA</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CISE, MARIA</b>	
STREET ADDRESS	<b>3123-B 39TH ST.S.</b>	
CITY-ST-ZIP	<b>ST.PETESBURG FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>CISEK, MARIA</b>
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.

SIGNATURE: *Marilyn Cisek* **MARILYN CISEK**

*4/27/98*

*813-867-2390*

CF2E034 (10/97)