SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



ELORIDA DEPARTMENT OF STATI

Sandra B. Kortham

FILED

Secretary of State

Oct 07 1997 8:00 am

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000008984 (2) ZUKOWSKI ENTERPRISES, INC. Principal Place of Business Mailing Address 1427 NORTH HERCULES AVE. 1427 NORTH HERCULES AVE. CLEARWATER FL 34625 **CLEARWATER FL 34625** DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 3a. Date of Last Report 01/25/1996 2a. Mailing Address Applied For 2. Principal Place of Business 21 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Foo Required 22 27 **\$5.00** May Be City & State City & State 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 30 25 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name MEDLER, ROBERT J 401 S. LINCOLN AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 34616** Zip Code City 84 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. Thereby accept the appointment as registered agent. Lam familia, with, and accept the obligations of, Section 607.0505, Florida Statutes. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (4/97 DELETE TITLE 3.1 TITLE ZUKOWSKI, GREG R NAME 1.2 NAME CR2E034 1427 NORTH HERCULES AVE STREET ADDRESS 1.3 STREET ADDRESS **CLEARWATER FL 34625** CITY-ST-ZIP 14 CITY - ST - 7F DELETE Change Addition TITLE 2.1 HUE NAME 2.2 NAME STREST ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CHY-ST-ZIE DELETE Change Addition TIV.E 3.1101.6 NAME 3.2 NAM5 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - 7/P CITY-ST-ZIP □ DELETE ☐ Change Addition TITLE 41100 100002321381---10/15/97--01099--028 4 2 NAMI NAME 4.3 STREET ADDRESS STREET ADDRESS ****550.00 ****550.00 4.4 CITY - 51 - ZIP CITY-ST-ZIP DITE Change TITLE 5.17011 Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City - \$1 - 7iF DELETE Addition Change TITLE 6.1 TBUE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS

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 eath; 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, I forida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.4 CHY+S1-ZIF

CHATURE. MENDOMALIAN PORTH COOR 7. Knock, 9/17/97 812 1111 141