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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000027662** (1)

K.SIERAKOWSKI, INC.

Principal Place of Business	Mailing Address
8800 49TH ST. N., STE. 406-5	8800 49TH ST. N., STE. 406-5
PINELLAS PARK FL 34688	PINELLAS PARK FL 33782-5344

FILED Feb 13 1997 8:00am Secretary of State



Principal Place of Business Mailing Address					18811884 118 18118 81111 BEITH 88111 88111	I INDITIBAL IND IDNIN BINI BEIN ABIN BANK BOURD INDI HOUR DININ BININ 1881					
8800 49TH ST. N., STE. 408-5 PINELLAS PARK FL 34688			8800 49TH ST. N. STE. 406-5 Pinellas Park Fl 33782-5344								
							3. Date Incorporated or Qualified 03/25/1996	3a. Dat	e of Last F	Report	
2. Principal P	lace of Business	2a.	Mailing Address				4. FEI Number	<u> </u>	A	pplied For	
21		26	8800 49th	Str	. N	orth	65-0654419		N	ot Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional	
22		27	#406-3				5. Certificate of Status Desired		Fee R	equired	
City & State			City & State				6. Election Campaign Financing \$5.00 May Be				
23		28					Trust Fund Contribution		Added	to Fees	
Ζιρ	Country	<u> </u>	Zip 33782	⊢ .	untry	USA	8. This corporation has liability for i			s. 199.032,	
24	25 9, Name and Address of Curr	29		30	1	UDA	Florida Statutes 10. Name and Address of New Re	Yes _			
740		aur vaðis	resea Agent		81	Name	(U, Name and Address of New New	listalan W	Adur		
	OLOTNY, STEVE				Ţ.	T T T T T T T T T T T T T T T T T T T					
) 49TH ST. N., STE. 406-5						Address (P.O. Box Number is Not Acceptab	e)			
PINE	ELLAS PARK FL 34666				83						
					84	City		FL	85 Zip	Code	
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Sta im familiar with, and accept the obl	ite of Florid	da. Such change was	authorize	ed by	the corp	corporation submits this statement for the poration's board of directors. I hereby acceptions	urpose of o t the appo	changing i	ts registered registered	
SIGNATURE	Signature typed or printed name of registered		7	75 B				DATE			
12.	OFFICERS A			13.	_	on: signature	required when reinstating) ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12	
TITLE			DELETE	_	TITLE		7,007110110/017111020 TO 01110		Change	Addition	
NAME P	SIERAKOWSKI, (hris	_		NAME				_	_	
STREET ADDRESS	2970 NE 16th	Aven	ue Apt.309	9 1.33	STREET	ADDRESS					
CITY-ST-ZIP	Ft.Lauderdale,	FL.	33334	1.4 (CITY-S	T-ZIP					
TITLE			DELETE	2.1				[Change	Addition	
NAME		•		2.21	NAME						
STREET ADDRESS				2.3 3	STREET	ADDRESS					
CITY - ST - ZIP				2.4	CITY-S	ST-ZIP				ľ	
TITLE			DELETE	3.11	ITLE				Change	Addition	
NAME				3.21	NAME						
STREET ADDRESS				333	STREET	ADDRESS					
CITY - ST - ZIP				34.	CITY - S	ST - ZIP					
TITLE			DELETE	417	ITLE				Change	☐ Addition	
NAME				4.2	NAME						
STREET ADDRESS				4.3 9	STREET	ADDRESS					
CITY - ST - ZIP				440	ITY-S	T-ZIP					
TITLE			☐ DELETE	511	TITLE	T		T	Change	Addition	
NAME				521	NAME						
STREET ADDRESS				538	STREET	ADDRESS				Ì	
CITY+ST-ZIP				540	OITY-S	T-ZIP					
TITLE			☐ DELETE	611	TITLE	Ţ		I	Change	Addition .	
NAME				621	AME						
STREET ADDRESS				635	STREET	ADDRES\$					
CITY - ST - ZIP				640	CITY-S	T-ZIP					

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.

O1/28/97

1 800 643 2468