


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

FILED

Jan 22 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P96000027784 (3)</b> 1. Corporation Name <b>HANDPOL INCORPORATED</b>					
Principal Place of Business 13125 WILCOX RD., UNIT 15B4 LARGO FL 34644			Mailing Address 1908 MARLIN DRIVE BELLFIR BLUFFS FL 33770 US		
2. Principal Place of Business 21 14605 49th Str N Suite, Apt. #, etc.		2a. Mailing Address 26 14605 49th Street N Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/25/1996	
22 City & State 23 Clearwater Florida		27 City & State 28 Clearwater Florida		4. FEI Number 59-3384560 Applied For Not Applicable	
24 Zip 33762 25 Country USA		29 Zip 33762 30 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent ZABOLOTNY, STEVE 8800 49TH ST. N., STE. 406-5 PINELLAS PARK FL 34666				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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.				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
SIGNATURE <i>Stefan Klosinski</i> Signature, typed or printed name of registered agent and title if applicable.				10. Name and Address of New Registered Agent 81 Name Klosinski, Stefan 82 Street Address (P.O. Box Number is Not Acceptable) 14605 49th Street North 83 84 City Clearwater FL 85 Zip Code 33762	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P KLOSINSKI, STEFAN 1908 MARLIN DR. BELLEAIR BLUFFS FL				1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP GEBKA, ARKADIUSZ ALKARIANTECO2 KATOWICE PO				2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				6.1 TITLE 6.2 NAME 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: <i>Stefan Klosinski</i> REQUIRED President 01/15/98 813-585-1829					



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)