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

**PROFIT** CORPORATION ANNUAL REPORT

1998

TITLE

NAME

STREET ADDRESS

Block 12 or Block 13 if changed, or on an attachment with an address.

CITY-ST-ZIP



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P96000032789 (5)

EUGENE ALFRED JAMROZ, P.A.

Mailing Address Principal Place of Business 1108 HIGHLAND BEACH DR. #2 1108 HIGHLAND BEACH DR. #2 HIGHLAND BEACH FL 33487 HIGHLAND BEACH FL 33487 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/10/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 65-0659361 26 Suite, Apt. #. etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financia 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes ☐ No Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent UM 81 JAMROZ, EUGENE 1108 HIGHLAND BEACH DR. #2 82 Street Address (P.O. Box Number is Not Acceptable) HIGHLAND BEACH FL 33487 83 City 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change DELETE Addition TITLE PD 1.1 TITLE NAME Jamroz, Eugene 1.2 NAME 1108 HIGHLAND BEACH DR. #2 1.3 STREET ADORESS STREET ADDRESS HIGHLAND BEACH FL 33487 CITY-ST-ZIF 1.4 CITY - ST - ZIP DELETE Change Addition 21 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS City-St-ZIP 2. 4 CITY - ST- ZIP ☐ DELETE ☐ Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change \_\_\_ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 City - ST - ZIP CITY-ST-ZIP ☐ DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-S1-ZIP DELETE Change Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. Thereby 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 equipped by Chapter 607, Florida Statutes; and that my name appears in 01/10/08

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-01/23/98--01012--030

**FILED** 

Jan 23 1998 8:00am

Secretary of State