**PROFIT** CORPORATION. ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000051304

## **FILED** May 01, 1999 8:00 am Secretary of State

05-01-1999 90044 044 \*\*\*150.00

KOCHAN	IOWSKI HUL	DING CO., INC	<b>;</b> .													
Principal Place	of Business .		Ma	ailing Addı	ress	-					A saffilant fil farra birer moth en-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0.00	
5066 NW 90TH					TH TERRACE				i							٠
CORAL SPRINGS FL 33087 CORAL SPRINGS FL 33087					67				DO NOT WRITE IN THIS SPACE							
	.,								ŀ	3.	Date incorporated or Qualifed					1
									j		06/14/1996	_				]
2. Principal Pl	lace of Business		2a.	Mailing A	Address					4.	FEI Number			Applied	d For	]
21 ·		. <u> </u>	26						ان_		<u>65-0679870</u>				plicable.	ļ٠
Suite, Apt.	#, etc.		L	Suite, Ap	ot. #, etc.				}	5.	Certificate of Status Desired			5 Addit Requin		]
22			27						<b></b> -↓							{
City.& State	e		~	City & Si	tate_	~ .				6.	Election Campaign Financing	- 🗀		00 May		]-
23	<u>_</u>	Country	28	Zip		Co	untry	,	∤		Trust Fund Contribution  This corporation owes the curre	at was late		80 10 10		1
Zip	25	Country	29	<b>41</b> p		30	щиу			8.	Personal Property Tax.		Mayıcıa Mayes	D۷	No	ļ
24		Address of Curren		tered And	ent	_[30]	T-			10.	Name and Address of New R					1
<del></del>	9, 110,114 1(14	7444557 01 0231011					81	Name								1
_	Hanowski, G						82	Street A	Address	s (P	O. Box Number is Not Accepte	ble)				1
	NW 90TH TE															ļ
COR	al springs f	L 3306/					83	ļ								ļ
		•					84	City				FL	85 Z	Ip Code	8	1
							1111	1								İ
Control of the Contro	to the continue	of Continue CO7 CEC	2 and St	07 1608 6	Florida Stat	utae the	about	a-named (	comore	etion	submits this statement for the	ourpose of a	changing	its regi	istered	-
l mffice.ovn	i trians herafaina	of Sections 607.050 or both, in the State and accept the obligat	of Florid	ia. Such c	:nance was	aumonze	HO DV	une como	corpora pration's	ation s bo	n submits this statement for the pard of directors. I hersby accep	ourpose of a	changing itment as	its regi registe	istered ered	
office or n agent. I as SIGNATURE	egistered agent, o m familiar with, a	or both, in the State on accept the obligation	of Florid tions of,	la, Such c Section 8	:nange was 807.0505, F	authonze Iorida Sta	tutes.	une corpo i.	rauch t	8 00	gard of directors. I maraby accept	ourpose of a	changing itment as	its regi s registe	istered ered	
office or n agent. I a	egistered agent, o m familiar with, a	or both, in the State (	of Florid Bons of,	la, Such c Section E rappicable.	:nange was 807.0505, F	authonze Iorida Sta	d April	une como	rauch t	han n	gard of directors. I maraby accept	purpose of of the appoint				(98)
office or n agent. I as SIGNATURE	egistered agent, o m familiar with, a	or both, in the State on a scept the obligation of registered agent	of Florid Bons of,	a, Such c Section 6 rappicable.	:nange was 807.0505, F	authonze lorida Sta TE: Registere 13	d April	une corpo i.	rauch t	han n	einstains)	purpose of of the appoint		TORS		(11/08)
office or n agent. I a SIGNATURE	egistered agent, on familiar with, a	or both, in the State of accept the obligation of registered agent of the obligation of registered agent of the obligation of the obligati	of Florid Bons of,	a, Such c Section 6 rappicable.	(No	te: Regulare	d Agen	une corpo i.	rauch t	han n	einstains)	purpose of of the appoint	D DIREC	TORS		124 (11/08)
office or n agent. I a SIGNATURE 12.	egistered agent, on familiar with, a Signature, typed or price	or both, in the State ind accept the obligation of registered agent OFFICERS AN SKI, GEORGE	of Florid Bons of,	a, Such c Section 6 rappicable.	(No	auronze lorida Sta TE: Regulare 13 1.11	Agent TITLE	une corpo i.	rauch t	han n	einstains)	purpose of of the appoint	D DIREC	TORS		JE024 (11/08)
office or n agent. I as SIGNATURE 12. TITLE	egistered agent, on familiar with, a signature, typed or prid to KOCHANOWS 5066 NW 901	or both, in the State ind accept the obligation of registered agent OFFICERS AN SKI, GEORGE	of Florid Bons of,	Ia, Such c Section E repplicable CTORS	Thange was 807.0505, F	authorize lorida Sta TE: Registers 13 1.11 1.21 1.35	Agent TITLE	t alguature re	rauch t	han n	einstains)	purpose of of the appoint	D DIREC	TORS I	IN 12	R2E014 (11/08)
office or n agent. I au SIGNATURE 12. TILE NAME STREET ADDRESS	egistered agent, on familiar with, a signature, typed or prid to KOCHANOWS 5066 NW 901	or both, in the State on discrept the obligation of registered agent of registered agent of the obligation of the obliga	of Florid Bons of,	Ia, Such c Section E repplicable CTORS	(No	E Registers 13 1.11 1.21 1.33	ITLE	t alguature re	rauch t	han n	einstains)	purpose of of the appoint	D DIREC	TORS I		CR2En34 (41/08)
office or n agent. I au SIGNATURE  12.  TILE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, on familiar with, a signature, typed or prid to KOCHANOWS 5066 NW 901	or both, in the State on discrept the obligation of registered agent of registered agent of the obligation of the obliga	of Florid Bons of,	Ia, Such c Section E repplicable. CTORS	Thange was 807.0505, F	13 1.11 1.21 1.33 1.40	ITLE	t alguature re	rauch t	han n	einstains)	purpose of of the appoint	D DIREC	TORS I	IN 12	CR2E034 (11/08)
Office or in agent. I as SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	egistered agent, on familiar with, a signature, typed or prid to KOCHANOWS 5066 NW 901	or both, in the State on discrept the obligation of registered agent of registered agent of the obligation of the obliga	of Florid Bons of,	Ia, Such c Section E repplicable. CTORS	Thange was 807.0505, F	13 1.11 1.21 1.33 1.40 2.11	ITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	t alguature re	rauch t	han n	einstains)	purpose of of the appoint	D DIREC	TORS I	IN 12	CR2E034 (11/98)
Office or in agent. I as SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	egistered agent, on familiar with, a signature, typed or prid to KOCHANOWS 5066 NW 901	or both, in the State on discrept the obligation of registered agent of registered agent of the obligation of the obliga	of Florid Bons of,	Ia, Such c Section E f applicable. CTORS	DELETE	### 133	ITTLE TITLE	I ADDRESS T ADDRESS	rauch t	han n	einstains)	purpose of of the appoint	D DIREC Chan	TORS I	IN 12 Addition Addition	CR2E034 (41/08)
Office or in agent. I as SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, on familiar with, a signature, typed or prid to KOCHANOWS 5066 NW 901	or both, in the State on discrept the obligation of registered agent of registered agent of the obligation of the obliga	of Florid Bons of,	Ia, Such c Section E f applicable. CTORS	Thange was 807.0505, F	TE: Registers  13 1.11 1.21 1.35 1.40 2.11 2.21 2.31	MAGE TITLE	I ADDRESS T ADDRESS	rauch t	han n	einstains)	purpose of of the appoint	D DIREC	TORS I	IN 12	CR2E034 (11/08)
Office or in agent. I as SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, on familiar with, a signature, typed or prid to KOCHANOWS 5066 NW 901	or both, in the State on discrept the obligation of registered agent of registered agent of the obligation of the obliga	of Florid Bons of,	Ia, Such c Section E f applicable. CTORS	DELETE	TE: Registers  13 1.11 1.21 1.33 1.44 2.11 2.21 2.33 2.44 3.11	ITTLE TITLE	T ADDRESS T-ZIP T ADDRESS T-ZIP	rauch t	han n	einstains)	purpose of of the appoint	D DIREC Chan	TORS I	IN 12 Addition Addition	CR2E034 (11/08)
Office or in agent. I as SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, on familiar with, a signature, typed or prid to KOCHANOWS 5066 NW 901	or both, in the State on discrept the obligation of registered agent of registered agent of the obligation of the obliga	of Florid Bons of,	Ia, Such c Section E f applicable. CTORS	DELETE	13 1.11 1.21 1.35 1.44 2.11 2.21 2.31 2.4 3.11 3.21 3.33 3.33 3.33 3.33 3.33 3.33	A April  TITLE  WANE  STREET  CITY-ST  TITLE  WANE  STREET  CITY-ST  TITLE  WANE  STREET  TITLE  WANE  STREET  TITLE  WANE  STREET  TITLE	T ADDRESS T-ZIP T ADDRESS TT-ZIP T ADDRESS	rauch t	han n	einstains)	purpose of of the appoint	D DIREC Chan	TORS I	IN 12 Addition Addition	CR2E034 (11/98)
Office or in agent. I au signature  12.  Title NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, on familiar with, a signature, typed or print D KOCHANOWS 5066 NW 901	or both, in the State on discrept the obligation of registered agent of registered agent of the obligation of the obliga	of Florid Bons of,	Ia. Such c Section E 1 applicable. CTORS	DELETE  DELETE	13 1.11 1.24 1.35 1.44 2.11 2.21 2.31 2.4 3.13 3.21 3.34 3.4	IN DE LE	T ADDRESS T-ZIP T ADDRESS TT-ZIP T ADDRESS	rauch t	han n	einstains)	purpose of of the appoint	D DIRECT Chan	STORS (	IN 12 Addition Addition	CR0E034 (11/08)
Office or in agent. I as SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, on familiar with, a signature, typed or print D KOCHANOWS 5066 NW 901	or both, in the State on discrept the obligation of registered agent of registered agent of the obligation of the obliga	of Florid Bons of,	Ia. Such c Section E 1 applicable. CTORS	DELETE	13 1.11 1.28 1.33 1.44 2.11 2.21 2.33 2.4 4.11 3.34 3.4 4.11	IN A AMERICAN STREET CONTY STREET	T ADDRESS T-ZIP T ADDRESS TT-ZIP T ADDRESS	rauch t	han n	einstains)	purpose of of the appoint	D DIREC Chan	OTORS (	IN 12 Addition Addition	CR2En34 (11/08)
Office or in agent. I au signature  12.  Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	egistered agent, on familiar with, a signature, typed or print D KOCHANOWS 5066 NW 901	or both, in the State on discrept the obligation of registered agent of registered agent of the obligation of the obliga	of Florid Bons of,	Ia. Such c Section E 1 applicable. CTORS	DELETE  DELETE	13 1.11 1.21 1.32 1.44 2.11 2.21 2.33 2.4 4.11 4.2	IN A CONTROL OF THE C	T ADDRESS T-ZIP T ADDRESS T-ZIP F ADDRESS T-ZIP	rauch t	han n	einstains)	purpose of of the appoint	D DIRECT Chan	OTORS (	IN 12 Addition Addition	CR0E034 (11/08)
Office or in agent. I as SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, on familiar with, a signature, typed or print D KOCHANOWS 5066 NW 901	or both, in the State on discrept the obligation of registered agent of registered agent of the obligation of the obliga	of Florid Bons of,	Ia. Such c Section E 1 applicable. CTORS	DELETE  DELETE	13 1.11 1.21 1.32 1.44 2.11 2.21 2.33 2.4 4.11 4.2 4.33 4.1	IN ADMINISTRACT  INTER	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS	rauch t	han n	einstains)	purpose of of the appoint	D DIRECT Chan	OTORS (	IN 12 Addition Addition	CROFINA (11/08)
Office or in agent. I au signature  12.  Title  NAME  STREET ADDRESS  CITY-ST-ZIP	egistered agent, on familiar with, a signature, typed or print D KOCHANOWS 5066 NW 901	or both, in the State on discrept the obligation of registered agent of registered agent of the obligation of the obliga	of Florid Bons of,	la, Such c Section E applicable. CTORS	DELETE  DELETE	13 1.11 1.24 1.35 1.44 2.11 2.21 2.31 2.4 4.11 4.2 4.35 4.44 4.44 4.44 4.44 4.44 4.44 4.44	IN A CONTRACT OF THE CONTRACT	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS	rauch t	han n	einstains)	purpose of of the appoint	D DIRECT Chan	ge C	IN 12 Addition Addition	CR2E034 (11/08)
Office or in agent. I au signature  12.  The name Street address city. St. Zip The name	egistered agent, on familiar with, a signature, typed or print D KOCHANOWS 5066 NW 901	or both, in the State on discrept the obligation of registered agent of registered agent of the obligation of the obliga	of Florid Bons of,	la, Such c Section E applicable. CTORS	DELETE  DELETE  DELETE	13 1.11 1.21 1.35 1.44 2.11 1.35 1.44 1.42 1.43 1.44 1.42 1.43 1.44 1.42 1.43 1.44 1.42 1.43 1.44 1.43 1.44 1.44 1.45 1.44 1.45 1.44 1.45 1.44 1.45 1.45	IN ADMINISTRACT TO THE WANTE STREET CITY-ST TITLE WANTE STREET CITY-ST TITLE WANTE STREET CITY-ST TITLE WANTE STREET CITY-ST TITLE	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS	rauch t	han n	einstains)	purpose of of the appoint	D DIREC Chan	ge C	N 12 Addition Addition Addition	CR2En24 (44/08)
Office or in agent. I au signature  12.  ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, on familiar with, a signature, typed or print D KOCHANOWS 5066 NW 901	or both, in the State on discrept the obligation of registered agent of registered agent of the obligation of the obliga	of Florid Bons of,	la, Such c Section E applicable. CTORS	DELETE  DELETE  DELETE	13 1.11 1.21 1.35 1.44 2.11 1.35 1.44 1.42 1.43 1.44 1.42 1.43 1.44 1.42 1.43 1.44 1.42 1.43 1.44 1.42 1.43 1.44 1.43 1.44 1.45 1.45 1.45 1.45 1.45 1.45 1.45	TITLE  WANTE  STREET  CITY-ST  TILE  WANTE  STREET  CITY-ST  TILE  WANTE  STREET  TILE  WANTE  WANTE  STREET  TILE  WANTE   T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS	rauch t	han n	einstains)	purpose of of the appoint	D DIREC Chan	ge C	N 12 Addition Addition Addition	CROEDSA (44/08)	
Office or in agent. I au signature  12.  The name Street address city. St. Zip The name	egistered agent, on familiar with, a signature, typed or print D KOCHANOWS 5066 NW 901	or both, in the State on discrept the obligation of registered agent of registered agent of the obligation of the obliga	of Florid Bons of,	la, Such c Section E applicable. CTORS	DELETE  DELETE  DELETE	13 1.11 1.21 1.35 1.44 1.31 1.31 1.31 1.31 1.31 1.31 1.31	TITLE  WANTE  STREET  CITY-ST  TILE  WANTE  STREET  CITY-ST  TILE  WANTE  STREET  TILE  WANTE  WANTE  STREET  TILE  WANTE   I ADDRESS IT-ZIP I ADDRESS IT-ZIP I ADDRESS IT-ZIP I ADDRESS IT-ZIP	rauch t	han n	einstains)	purpose of of the appoint	D DIREC Chan	ge C	IN 12 Addition Addition Addition Addition	CR2E024 (41/08)	
Office or in agent. I au signature  12.  Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, on familiar with, a signature, typed or print D KOCHANOWS 5066 NW 901	or both, in the State on discrept the obligation of registered agent of registered agent of the obligation of the obliga	of Florid Bons of,	la, Such o Section E applicable. CTORS	DELETE  DELETE  DELETE	13 1.11 1.21 1.35 1.44 1.31 1.31 1.31 1.31 1.31 1.31 1.31	HANGE TITLE WANGE STREET STYLE  WANGE STREET S	I ADDRESS IT-ZIP I ADDRESS IT-ZIP I ADDRESS IT-ZIP I ADDRESS IT-ZIP	rauch t	han n	einstains)	purpose of of the appoint	D DIREC Chan	ge C	N 12 Addition Addition Addition	CR2En34 (11/08)
Office or in agent. I au signature  12. Title NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, on familiar with, a signature, typed or print D KOCHANOWS 5066 NW 901	or both, in the State on discrept the obligation of registered agent of registered agent of the obligation of the obliga	of Florid Bons of,	la, Such o Section E applicable. CTORS	DELETE  DELETE  DELETE  DELETE	### A 10   1   1   1   1   1   1   1   1   1	HANGE TITLE WANGE STREET STYLE  WANGE STREET S	I ADDRESS IT-ZIP I ADDRESS IT-ZIP I ADDRESS IT-ZIP I ADDRESS IT-ZIP	rauch t	han n	einstains)	purpose of of the appoint	D DIREC Chan	ge C	IN 12 Addition Addition Addition Addition	CR2E034 (11/08)

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNING OFFICER OR DIRECTOR