

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

FILED
May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P46000053883

1. Corporation Name
CARL Pietrzykoski INC. - CPI

Principal Place of Business

Mailing Address

1637 JOHNSON ST. #3
HOLLYWOOD FL 33020

SAME

3. Date Incorporated or Qualified

6/24/90

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0677811

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Pietrzykoski, Carl
1637 JOHNSON St #3
HOLLYWOOD FL, 33020

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

SAME Agent

Signature typed or printed name of registered agent and filed if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1001 NAME ☐ DELETE

PD
Pietrzykoski, Carl
1637 JOHNSON St #3
HOLLYWOOD FL 33020

1.1 TITLE ☐ Change ☐ Addition

1002 NAME ☐ DELETE

1.2 NAME

1003 NAME ☐ DELETE

1.3 STREET ADDRESS

1004 NAME ☐ DELETE

1.4 CITY - ST - ZIP

1005 NAME ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

1006 NAME ☐ DELETE

2.2 NAME

1007 NAME ☐ DELETE

2.3 STREET ADDRESS

1008 NAME ☐ DELETE

2.4 CITY - ST - ZIP

1009 NAME ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

1010 NAME ☐ DELETE

3.2 NAME

1011 NAME ☐ DELETE

3.3 STREET ADDRESS

1012 NAME ☐ DELETE

3.4 CITY - ST - ZIP

1013 NAME ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

1014 NAME ☐ DELETE

4.2 NAME

1015 NAME ☐ DELETE

4.3 STREET ADDRESS

1016 NAME ☐ DELETE

4.4 CITY - ST - ZIP

1017 NAME ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

1018 NAME ☐ DELETE

5.2 NAME

1019 NAME ☐ DELETE

5.3 STREET ADDRESS

1020 NAME ☐ DELETE

5.4 CITY - ST - ZIP

1021 NAME ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

1022 NAME ☐ DELETE

6.2 NAME

1023 NAME ☐ DELETE

6.3 STREET ADDRESS

1024 NAME ☐ DELETE

6.4 CITY - ST - ZIP

1025 NAME ☐ DELETE

500002169905
-05/07/97--01093--011
***165.00

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:

Carl Pietrzykoski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/97

Date

Daytime Phone #

CR2E034 (9/96)