

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 05 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000088575 (1)

1. Corporation Name

HOLINSKI, INC.

Principal Place of Business

281 LENELL RD  
UNIT 1  
FT MYERS BEACH FL 33931

Mailing Address

1318 LAFAYETTE ST  
CAPE CORAL FL 33904  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1996

4. FEI Number

65-0705587

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1505 SE 40th Street,  
Suite, Apt. #, etc.

22 City & State

27 Suite C  
City & State

23 Zip Country

28 Cape Coral FL  
Zip Country

24 25

29 33904 30 U.S.A

9. Name and Address of Current Registered Agent

BLAIR HEIDE  
1318 LAFAYETTE STREET  
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name

Robert LaRocco

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

1505 SE 40th Street, Suite C

83

84 City

Cape Coral

FL

85 Zip Code

33904

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

Robert LaRocco

Robert LaRocco

7/29/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPST  
NAME HOLINSKI, MARIA  
STREET ADDRESS 281 LENELL RD  
CITY-ST-ZIP FT MYERS BEACH FL 33931

☐ DELETE

TITLE D  
NAME BLAIR, HEIDE  
STREET ADDRESS 1318 LAFAYETTE ST  
CITY-ST-ZIP CAPE CORAL FL 33904

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director  
1.2 NAME Silvano LaRocco  
1.3 STREET ADDRESS 1505 S.E. 40th Street, Suite C  
1.4 CITY-ST-ZIP Cape Coral FL 33904

☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Silvano LaRocco

7-29-98

9/1-5/98 9/00

CR2E034 (5/98)