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Feb 18 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 # P96000097003 (3)

1. Corporation Name
J.W. WARSAW TRUCKING INC.



Principal Place of Business: **8800 49TH STREET NORTH #406-3 PINELLAS PARK FL 33782**
 Mailing Address: **8800 49TH STREET NORTH #406-3 PINELLAS PARK FL 33782-5340**

3. Date Incorporated or Qualified: **11/22/1996**
 3a. Date of Last Report

2. Principal Place of Business: **10625 Flying FRd**
 21. Suite, Apt. #, etc.: **10625 Flying FRd**
 22. City & State: **Fountain CO**
 23. Zip: **80817** Country: **USA**
 24. Mailing Address: **10625 Flying FRd**
 26. Suite, Apt. #, etc.: **10625 Flying FRd**
 27. City & State: **Fountain CO**
 28. Zip: **80817** Country: **USA**
 29. 30.

4. FEI Number: **59-3417678**
 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
ZAPAL, DOROTA
8800 49TH STREET NORTH #406-5
PINELLAS PARK FL 33782

10. Name and Address of New Registered Agent
 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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

| 12. OFFICERS AND DIRECTORS | | <input type="checkbox"/> DELETE | |
|----------------------------|-------------------------------------|--|--|
| TITLE P | NAME PONIATOWSKI, Wieslaw | STREET ADDRESS 10625 Flying Road | CITY- ST- ZIP Fountain, CO 80817 |
| TITLE VP | NAME PONIATOWSKI, Janina | STREET ADDRESS 10625 Flying Road | CITY- ST- ZIP Fountain, CO 80817 |
| TITLE S | NAME ATKINSON, Joanna | STREET ADDRESS 10625 Flying Road | CITY- ST- ZIP Fountain CO 80817 |
| TITLE NAME | STREET ADDRESS | CITY- ST- ZIP | <input type="checkbox"/> DELETE |
| TITLE NAME | STREET ADDRESS | CITY- ST- ZIP | <input type="checkbox"/> DELETE |
| TITLE NAME | STREET ADDRESS | CITY- ST- ZIP | <input type="checkbox"/> DELETE |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
|---|---------|---|------------------|
| 11 TITLE | 12 NAME | 13 STREET ADDRESS | 14 CITY- ST- ZIP |
| 21 TITLE | 22 NAME | 23 STREET ADDRESS | 24 CITY- ST- ZIP |
| 31 TITLE | 32 NAME | 33 STREET ADDRESS | 34 CITY- ST- ZIP |
| 41 TITLE | 42 NAME | 43 STREET ADDRESS | 44 CITY- ST- ZIP |
| 51 TITLE | 52 NAME | 53 STREET ADDRESS | 54 CITY- ST- ZIP |
| 61 TITLE | 62 NAME | 63 STREET ADDRESS | 64 CITY- ST- ZIP |

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*****165.00**

14. I do 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: *Wieslaw Poniatowski*

02/05/97

CFR2E034 (9/96)