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

PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT**

FILED Feb 27 1998 8:00am

ANN	1998			Secretary of State Division of Corporations					Secretary of State					
1. Corporation	MENT # on Name & MALUCH INC	P97000	00	1935	(0)									
Principal Plac	ce of Business		Ma	iling Address					1		ARIN BOURN BOURN DEFN	// 31010 101 00 /	FIDI BIII IDDI	
8800 49 STREET NO #406-3 8800 49 STREET NO #406-3							3							
PINELLAS PARK FL 33782 PINELLAS PARK FL 33782							.			DO NOT V	VRITE IN THIS	SPACE		
							•			Date Incorporated or Qual				
								01/02/1997						
	Place of Business			Mailing Addr				N 37	1	FEI Number 59-3422628			pplied For	
Suite, Apt. #, etc.				26 19321 US Hw				North	<u>1</u>	39-3422626			lot Applicable	
22				27 Ste C 601					5.	Certificate of Status Desire	d 🔲		Additional Required	
City & State				City & State Clearwater				ida	1	Election Campaign Financi Trust Fund Contribution	ing		May Be	
Zip	ļ	intry		^{Zip} 33764		Cour	ntry	152	8.	This corporation owes or h	as paid the cur			
24	9. Name and Ad	29	29 30			Country USA			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent					
76	PAL, DOROTA	ioross or ourion r	- Siac	area Agein			81	Name			w negistered .	Agent	<u> </u>	
8800 49 STREET NO #406-5						}	82			L Gajowczyk O: Box Number is Not Acc	antable)			
PINELLAS PARK FL 33782										l US Highway		rth		
							83			601				
, 84								City		water		85 Zip	Code	
11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes the above-named office or registered agent, or both, in the state of Florida. Such charge was authorized by the corporagent. I am familiar with, and accept the obligations of Section 607,0505, Florida Statutes.											FL.	3.	Code 3764	
office or r	registered agent, or t	oth, in the State of	Florida	a. Such char	ge was a	ujnorized	by	the corporation	on's bo	pard of directors. I hereby	accept the app	ointment a	s registered	
SIGNATURE	(S	0100	Je		1	rua olaic	2103.	Pawel	Gai	jowczyk	01/26/9	98		
	Signature, typed or printed				(NOTE			ol signature required	d when re	einstaling)	DATE			
12.	Pawel Ga	OFFICERS AND I	DIRECT		LETE	13.	1.0	-	AI	DDITIONS/CHANGES TO (OFFICERS AND	DIRECTO Change	RS IN 12	
NAME •	192 Kent	/				1.2 NAME					L. Change	Manipoli		
STREET ADDRESS	BROOKLYN	,				1.3 STREET ADDRESS			•					
CITY-ST-ZIP	BROOKET	2		1.4 CITY-ST-ZIP										
TITLE .								1 TITLE		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	☐ Addition	
NAME						2.2 NAM	ME							
STREET ADDRESS								ADDRESS						
CITY-ST-ZIP TITLE				DEL	FTF	2. 4 C/T 3.1 TITL		r-zip				Change	Addition	
NAME						3.2 NAN						C. Cridingo		
STREET ADDRESS						3.3 STR	REET A	ADDRESS						
CITY-ST-ZIP						3.4. CIT	Y-ST	r-ZIP						
TITLE				☐ DEI	.ETE	4.1 TITL						Change	☐ Addition	
NAME						4. 2 NA								
STREET ADDRESS								NDDRESS						
CITY-ST-ZIP TITLE	 -			☐ DEL	ETE	4.4 CITY 5.1 TITL		- ZIP				Change	Addition	
NAME						5.2 NAN						Change	C Maniph	
STREET ADDRESS								DDRESS						
CITY-ST-ZIP				<u> </u>		5.4 CITY	<u> </u>	- ZIP						
TITLE				DEL	ETE	6.1 TITL	E			8000024 -03/02/9803 ***150.00	.4422	Change	Addition	
NAME						62 NAM	AE			-03/02/980:	105301	ã (]∕	2.0	
STREET ADDRESS								DDRESS		***150.00		Yi.	21	
CITY-ST-ZIP						6.4 CITY	/- ST-	-ZIP				<u>'</u>	<i>'</i>	

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 annuttachment with an address.

President

01/26/98