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FILED  
Jul 02 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT  
Sandra B. North  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000013196 (5)

1. Corporation Name  
NAPHOLCZ ENTERPRISE, INC.



Principal Place of Business  
131 NW 188 AVE.  
PEMBROKE PINES FL 33029

Mailing Address  
131 NW 188 AVE.  
PEMBROKE PINES FL 33029

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
02/10/1997

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

650743243

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

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

24

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29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NAPHOLCZ, KAROLY  
131 NW 188 AVE.  
PEMBROKE PINES FL 33029

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRES  
NAME KAROLY NAPHOLCZ  
STREET ADDRESS 131 N.W. 188 AVE  
CITY-ST-ZIP PEMBROKE PINES FL 33029

11 TITLE PRES  
12 NAME KAROLY NAPHOLCZ  
13 STREET ADDRESS 131 NW 188 AVE  
14 CITY-ST-ZIP P.P. FL. 33029

TITLE V.P.  
NAME JOAN NAPHOLCZ  
STREET ADDRESS 131 N.W. 188 AVE  
CITY-ST-ZIP PEMBROKE PINES FL 33029

21 TITLE V.P.  
22 NAME JOAN NAPHOLCZ  
23 STREET ADDRESS 131 NW 188 AVE  
24 CITY-ST-ZIP P.P. FL. 33029

TITLE Pres/sec.  
NAME JANOS TIBOR NAPHOLCZ  
STREET ADDRESS 131 N.W. 188 AVE  
CITY-ST-ZIP PEMBROKE PINES FL 33029

31 TITLE Pres/sec.  
32 NAME JANOS TIBOR NAPHOLCZ  
33 STREET ADDRESS 131 NW 188 AVE  
34 CITY-ST-ZIP P.P. FL. 33029

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

100002579781  
-07/06/98--01006--016  
\*\*\*150.00

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 X

CR2E034 (10/97)