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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000014027 (1)

FRANK'C. VOLINSKY, INC.

## Feb 12 1998 8:00am Secretary of State



•							
Principal Place of Business Mailing Address						TOTAL CONTRACTOR STREET OF THE STREET	J/1 J <b>30</b> 1 1 <b>39</b> 1
11438 ORANGE BLOSSOM TRAIL 11438 ORANGE BLOSSOM							
BOCA RATON FL 33428 BOCA RATON FL 33428					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		<del></del>
					02/12/1997	:	
2. Principal Pl	lace of Business	2a. Mailing Addro	oss		4. FEI Number	Ar	pplied For
21 26					65-0731634		ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #,	etc.		5. Certificate of Status Desired		Additional equired
City & State	9	City & State			Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	7 <sub>ID</sub>	Cour	ntry	This corporation owes or has particular to the particular to		
24	25	29	30	•	Personal Property Tax due Jur		□ No
	g. Name and Address of Curre				10. Name and Address of New F	legistered Agent	
_ 00	PROPORATION SERVICE COMPA	NY_	1	81 Name	HA VOSSO III	orney at 1	اضب
1201 HAYS STREET				82 Street Addi			
TALLAHASSEE FL 32301-2525					North Federal }	lighuay	
-				B3 Ptri	una Blda. Suite	300	
			1	84 City	O. L	85 Zip	Code
dd Duranani	507.05	02 and 007 (800 FIZE)	la Statutas, the sh	15000	poration submits this statement for the		5555
office or r	egistered agent, or both, in the State	te of Florida Such chang	ge was authorized	by the corporal	poration submits this statement for the tion's board of directors. I hereby acc	ept the appointment as	registered
	in familiar with ager account his by	gations of, Section 6300	1505. Florida Stati	ites.	2	12/98	
SIGNATURE.	Signature typed a punted name of against of a	igent as Felle II appricable	(NOT) Registered	Agent signature requi	ired when reinstating)	DATE	I
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
TITLE	OP /	☐ DEI	1.1 TIT	LF		L Change	Addition
NAME	VOLINSKY, CATHERINE B	<b>*</b> 5.111	1.2 NA				
STREET ADDRESS	11438 ORANGE BLOSSOM	THAIL		REET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33428	DEI		Y-ST-ZIP		Change	Addition
TITLE		רַ טַ טַנוּ	•			C. Criaripe	
NAME AVACET ADDRESS			2.2 NA	reet address		:	i
STREET ADDRESS CITY-ST-ZIP				TY-ST-ZIP			
TITLE		DEI				Change	☐ Addition
NAME			3.2 NA	ME			
STREET ADDRESS			3.3 ST	REET ADDRESS			
:_DITY-ST-ZIP			3.4. CI	TY-ST-ZIP		:	
TITLE	7	☐ DE	LETE 4.1 TO	LE		☐ Change	Addition
NAME			4. 2 N/	∙ME			
STREET ADDRESS			4.3 ST	REET ADDRESS			
CITY ST-ZIP				IY-ST-ZIP		F-1 A	
TITLE		OE		i		Change	Addition
NAME			5 2 NA	i			
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP		☐ DE		Y-ST-ZIP		Change	Addition
TITLE		<b>:</b> □ 13€				F™ ∩ungilita	- Vonnou
NAME			6.2 NA				
STREET ADDRESS				REET ADORESS			
CITY-ST-ZIP			6.4 CI	TY-ST-ZIP			

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 trusted 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.

49/98 (S6)487-1163