

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90001 036 ***150.00

DOCUMENT # P97000021277

1. Corporation Name
SCOTT E. WOLNIEWICZ, INC.

Principal Place of Business
C/O SCOTT E. WOLNIEWICZ
4105 WEST ATLANTIC BLVD STE 308
COCONUT CREEK FL 33066

Mailing Address
C/O SCOTT E. WOLNIEWICZ
4105 WEST ATLANTIC BLVD STE 308
COCONUT CREEK FL 33066



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1997

4. FEI Number
65-0735473

Applied For
☐ Not Applicable

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

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 **P.O. Box 934892**

Suite, Apt. #, etc.

22

City & State

23 **Margate Florida**

Zip **33093**

Country **USA**

2a. Mailing Address

26 **P.O. Box 934892**

Suite, Apt. #, etc.

27

City & State

28 **Margate Florida**

Zip **33093**

Country **USA**

9. Name and Address of Current Registered Agent

WOLNIEWICZ, SCOTT E
4105 WEST ATLANTIC BLVD
SUITE 308
COCONUT CREEK FL 33066

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

Scott E. Wolniewicz

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

NOTE: Registered Agent signature required when reinstating)

DATE

2/7/99

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **WOLNIEWICZ, SCOTT E**
STREET ADDRESS **4105 W ATLANTIC BLVD STE 308**
CITY-ST-ZIP **COCONUT CREEK FL 33066**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **Wolniewicz, Scott**
1.3 STREET ADDRESS **P.O. Box 934892**
1.4 CITY-ST-ZIP **Margate, FL 33093**

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-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 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, with all other like empowered.

SIGNATURE:

Scott E. Wolniewicz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/7/99

Daytime Phone #

CR2E034 (11/98)

U100624