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Apr 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000023984 (2)

1. Corporation Name

CECYLIA'S MAINTENANCE INC



Principal Place of Business

Mailing Address

P.O. BOX 4339
CLEARWATER FL 34618

P.O. BOX 4339
CLEARWATER FL 34618

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 po box 4339

22 City & State 27 Clearwater Florida

23 Zip 25 Country 29 33758 30 USA

24 25 29 30

9. Name and Address of Current Registered Agent

ZAPAL, DOROTA
8800 49TH STREET NORTH
SUITE 406-5
PINELLAS PARK FL 33782

10. Name and Address of New Registered Agent

81 Name Cecylia Blaszczyk
82 Street Address (P.O. Box Number is Not Acceptable) 1126 King Arthur Ct
83 #408
84 City DUNEDIN FL 85 Zip Code 34698

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

Cecylia Blaszczyk

01/27/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P Jerzy Blaszczyk
NAME 1126 King Arthur Ct# 408
STREET ADDRESS DUNEDIN FL 34698
CITY-ST-ZIP

TITLE Vp Cecylia Blaszczyk
NAME 1126 King Arthur Ct # 408
STREET ADDRESS Dunedin FL 45698
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE
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.

SIGNATURE

President

01/27/98

813-733-3286

CR2E034 (10/97)