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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # **P97000039053 (8)**

1. Corporation Name
OPALKA SERVICES INC.

Principal Place of Business	Mailing Address
8800 49TH STREET NORTH SUITE 406-3 PINELLAS PARK FL 33782	8800 49TH STREET NORTH SUITE 406-3 PINELLAS PARK FL 33782

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/30/1997

2. Principal Place of Business 21	2a. Mailing Address 26 19321 US Hwy 19 North	4. FEI Number 59-3442081	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Ste C 601	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28 Clearwater Florida	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 33764 / 30 USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
OPALKA, BRONISLAW 8800 49TH STREET NORTH SUITE 406-3 PINELLAS PARK FL 33782	81 Name: Opalka, Bronislaw 82 Street Address (P.O. Box Number is Not Acceptable): 19321 US Hwy 19 N Ste C 601 83 84 City: Clearwater **FL** 85 Zip Code: 33764

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: Bronislaw Opalka — Signature, typed or printed name of registered agent and title if applicable. — Bronislaw Opalka — (NOTE: Registered Agent signature required when reinstating) — 01/28/1998 — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME STREET ADDRESS CITY-ST-ZIP	Bronislaw Opalka 212 Evergreen Way STOCKBRIDGE GA 30281 ☐ DELETE	1.1 TITLE P 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	OPALKA BRONISLAW 2000LYMPIA DR APT N7 WARNER ROBINS GA 31093 ☒ Change ☐ Addition
TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	OPALKA ERNEST 200 OLYMPIA DR APT N 7 WARNER ROBINS GA 31093 ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE S NAME STREET ADDRESS CITY-ST-ZIP	OPALKA EWARYST 200 OLYMPIA DR APT N7 WARNER ROBINS GA 31093 ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/97)

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: Bronislaw Opalka — President — 01/28/98 — 770-506-0461