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 #

P97000050643 (0)

KRAJEWSKI INC.

FILED Apr 28 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								1 10011001 610 10111 10011 00111 00111 00111 00111	.,,,,			
122 FERN WAY 122 FERN WAY												
MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 33166					66			DO NOT WRITE IN THIS SPACE				
								3. Date Incorporated or Qualified				
								06/06/1997				
2. Principal P	Place of Busine	ess	F	2a. Mailing Address				4. FEI Number Applied For				
21	# -1-		26	Suite, Apt. #, etc.				65-0761525 Not Applicable				
Suite, Apt.	#, etc.		ı	 1				5. Certificate of Status Desired				
City & State	'A	····	City & State					& Floating Committee Financian				
23	.0		\vdash	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Zip Country			Zip Country				8. This corporation owes or has paid the current year Intangible				
24	7	25 29			30			Personal Property Tax due June 30. Yes No				
9. Name and Address of Curren			nt Registere					10. Name and Address of New Registered Agent				
KR	RAJEWSKI, J	IULIUS F SR				81	Name					
	2 FERN WA			82 Street A			dress (P.O. Box Number is Not Acceptable)					
MI	ami sprinc	SS FL 33166										
					}	84	City		85	Zip C	ode	
TAR TOWN	4 a 4 b a		7007	F66 F1-22- 60-	A MI-			F		,		
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 regist office or registered agont, or both, in the Stato of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registe agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											egistered	
SIGNATURE												
Signature, typed or printed name of registered agent and line if applicable (NOTE Re						Age	ni signature rec	quired when reinstaling) DATE	ID DIDEC	TOD		
12.	D	OFFICERS AN	ID DIRECTO	DELETE	13.		·····	ADDITIONS/CHANGES TO OFFICERS AF	D DIREC		Addition	
NAME	1 -	/SKI, JULIUS F SR		- Deceie	1.1 TIT 1.2 NA				L Cna	iii y e	L.J Addition	
STREET ADDRESS	400 PPSM MILL						ADDRESS					
CITY-ST-ZIP	MIAMI CODINOC EL COSCO			1.4 Cl								
TITLE	D			DELETE	2.1 TiT		(- ZIF		Cha	nge	Addition (
NAME	KRAJEW	/SKI, CASSIE M			2.2 NA				_	•		
STREET ADDRESS	466 5554 14/41/			2.3 \$1			ADDRESS					
CITY-ST-ZIP	MIAMI S	PRINGS FL 33166			2. 4 CI	TY-S	T-ZIP					
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NAME					3.2 NA	ME						
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CITY-ST-ZIP							ADDRESS					
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NAME					6.2 NA							
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CITY-ST-ZIP						6 4 CITY-ST-ZIP						
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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 charting or the receiver of the corporation of 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 charting the corporation of the receiver of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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