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May 04, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000054228

1. Corporation Name
POLISH TRADING COMPANY

Principal Place of Business

**33920 US HWY 19 N
SUITE 210
PALM HARBOR FL 34684**

Mailing Address

**33920 US HWY 19 N
SUITE 210
PALM HARBOR FL 34684**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/18/1997

4. FEI Number

59-3458382

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

2112 Sunnydale Blvd

2a. Mailing Address

2112 Sunnydale Blvd

Suite, Apt. #, etc.

Unit E

Suite, Apt. #, etc.

Unit E

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33765

Country

USA

Zip

33765

Country

USA

9. Name and Address of Current Registered Agent

**MAGDZIAK, MIROSLAW
33920 US HWY 19 N
SUITE 210
PALM HARBOR FL 34684**

10. Name and Address of New Registered Agent

81 Name

Magdziak Miroslaw

82 Street Address (P.O. Box Number is Not Acceptable)

2112 Sunnydale Blvd

83

Unit E

84 City

Clearwater

FL

85 Zip Code

33765

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

Miroslaw Magdziak President

4/27/99

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 ☐ DELETE
NAME **P/S MAGDZIAK, MIROSLAW**
STREET ADDRESS **229 KATHERINE BLVD., #3212**
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE ☐ DELETE
NAME **V SHIMAN, STEWART**
STREET ADDRESS **4783 WELLINGTON DRIVE**
CITY-ST-ZIP **LONG GROVE IL 60047**

TITLE ☐ DELETE
NAME **T SPLAWSKI, ARTUR**
STREET ADDRESS **U1. J. OMANKOWSKIEJ 88**
CITY-ST-ZIP **POZNAN 60-465 POLAND**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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:

MAGDZIAK, MIROSLAW
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

(727) 446-5789

Date

Daytime Phone #

CR2E034 (11/98)