

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**  
**Apr 25, 1999 8:00 am**  
**Secretary of State**

04-25-1999 90033 004 \*\*\*150.00

DOCUMENT # **P97000054294**

1. Corporation Name

**POLIMEX INTERNATIONAL, INC.**

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**

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**

4. FEI Number

**36-4101680**

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

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 Mirosław**

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

**Magdziak Mirosław/President**

**April 22, 1999**

Signature, typed or printed name of registered agent and date 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. OMANKOWAKIEJ 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 Mirosław/President 4/22/99 (727)446-5989**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)