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

DOCUMENT # **P97000104120**1. Corporation Name

RON FASIECKI INC.

Principal Place	e of Business	Mailing Address		1 (danidas life sasie sanie anni anni anni	46 1(1 6 1 6 07 11 6 14 11611 96 11 1661
3835 BIRKSHIRE CT. 3835 BIRKSHIRE CT.					
PALM HARBOR FL 34684 PALM HARBOR FL 34684				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualifed	
		•		11/02/1997	
2. Principal PI	ace of Business	2a. Mailing Address	<u> </u>	4. FEI Number	Applied For
21		26		59-3466555	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In	tangible
24	25	29 30		Personal Property Tax.	☐ Yes ☑ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
F40	FOUR DOM		81 Name		
FASIECKI, RON			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
3835 BIRKSHIRE CT.			-		
PALM	M HARBOR FL 34684	•	83		
			84 City		85 Zip Code
				Fl	_ ¯
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-name office or registered agent, or both, in the State of Florida. Such change was authorized by the coagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				poration submits this statement for the purpose o on's board of directors. I hereby accept the appo	f changing its registered introduced introdu
SIGNATURE	Signature, typed or printed name of egistered agent a	and title if applicable. (NOTE: Re	gistered Agent signature require	ed when reinstating) DATE	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	☐ DELETE	1.1 TITLE 🗸 🚶	ICE PRESIDENT	☐ Change 【 Addition
NAME	Fasiecki, ron	•	1.2 NAME	JANUSZ Kuminski 3001 58 Ave South	, ,
STREET ADDRESS	3835 BIRKSHIRE CT.		1.3 STREET ADDRESS	2001 50th Ave South	
CITY-ST-ZIP	PALM HARBOR FL 34684		1.4 CITY-ST-ZIP	ST. Petersburg, FL	33712
TITLE		DELETE .	2.1 TITLE	g, , , ,	☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP	<u> </u>	
TITLE		☐ DELETÉ	3.1 TITLE		☐ Change ☐ Addition
_NAME ,			3.2 NAME)
STREET ADDRESS	<u>. </u>		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY+ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETÉ	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
1	j		6.2 NAME		

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 attainment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90096 021 ***150.00