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 # **P98000003803**

PAUL M. WYSOCKI, P.A.

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90185 025 ***150.00



Principal Place of Business Mailing Address						
332 WEST BOYNTON BEACH BLVD. 332 WEST BOYNTON BEACH						
SUITE 5		SUITE 5			DO NOT WRITE IN THIS SPACE	
BOYNSTON BEACH FL 33435		BOYNSTON BEACH FL 33435			3. Date Incorporated or Qualifed	
					01/12/1998	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For	
			3872		65-080 5049 Not Applicable	
Suite, Apt.	0 (111111111111111111111111111111111111	Suite, Apt. #, etc.			\$8.75 Additional	
22	, 5.5.	27			5. Certificate of Status Desired Fee Required	
City & State	e	City & State			6. Election Campaign Financing \$5.00 May Be	
23 BOYN	TON BEACH FL	28 BOYNTON BE	BOYNTHU BEACH FL		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Counti	у	8. This corporation owes the current year Intangible	
24 3343	7 25 USA	29 334Z4 30) (JSA	Personal Property Tax.	
A Name and Address of Current Degletered Agent 10 NAME AND HOURSS DE NEW NO					10. Name and Address of New Registered Agent	
110/0	POOKL BALK ALCCO		8	1 Name	AUL M. WYSIEL ESD	
WYSOCKI, PAUL M ESQ				2 Street	Address (P.O. Box Number is Not Acceptable)	
332 WEST BOYNTON BEACH BLVD.					45 CAMERON LANE	
SUITE 5			8	3		
BOYNSTON BEACH FL 33435			8	4 City	85 Zip Code	
				′′ੱ'∂	OYNTON BEACH FL 33439	
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 Signature, typed or printed name of registered spent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re				ent signature re		
12.	OFFICERS/AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Propage Addition	
TITLE	D DELETE		1.1 TITLE		S Ottalign () Addition	
NAME	WYSOCKI, PAUL M		1.2 NAME		Sous Comer	
STREET ADDRESS 332 WEST BOYNTON BEACH BLVD.				ET ADDRESS	5045 CAMERON LANE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435		1.4 CITY-		BOYNTON BEACH FL. 33437	
TITLE	DELETE		2.1 TITLE		, Change [] Modition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STRE	ET ADDRESS	,	
CITY-ST-ZIP				- \$T-ZIP	Change Addition	
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NAME			3.2 NAME			
STREET ADDRESS				ET ADDRESS		
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NAME				ET ADDRESS		
STREET ADDRESS			5.4 CITY			
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
TITLE		L] DELETE			. Change Moduloti	
NAME			6.2 NAMI			
STREET ADDRESS				ET ADDRESS		
			= & A CITY	CT 7ID		

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: