

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

1. Corporation Name

PAUL M. WY SOCKI, P.A.

Principal Place of Business

332 WEST BOYNTON BEACH BLVD.
SUITE 5
BOYNTON BEACH FL 33435

Mailing Address

332 WEST BOYNTON BEACH BLVD.
SUITE 5
BOYNTON BEACH FL 33435

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

03-04-1999 90185 025 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1998

4. FEI Number

65-0805049

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

21 5045 CAMERON LANE
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. BOX 3872
Suite, Apt. #, etc.

22

City & State

23 BOYNTON BEACH FL

Zip

Country

24 33437

25

USA

27

City & State

28 BOYNTON BEACH FL

Zip

Country

29 33424

30

USA

9. Name and Address of Current Registered Agent

WY SOCKI, PAUL M ESQ
332 WEST BOYNTON BEACH BLVD.
SUITE 5
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent

81 Name

PAUL M. WY SOCKI, ESQ

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

5045 CAMERON LANE

83

84 City

BOYNTON BEACH

FL

85 Zip Code

33437

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

Paul M. Wysocki

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-6-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME WY SOCKI, PAUL M
STREET ADDRESS 332 WEST BOYNTON BEACH BLVD.
CITY-ST-ZIP BOYNTON BEACH FL 33435

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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SIGNATURE: *Paul M. Wysocki* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-98

Date

(561) 758-2424

Daytime Phone #

0370010

CR2E034 (1/98)