

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 22, 1999 8:00 am
Secretary of State

09-22-1999 90005 026 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000009365

1. Corporation Name

U & K LAGOON, INC.

Principal Place of Business

409 BANANA RIVER BLVD.
COCOA BEACH FL 32932

Mailing Address

P. O. BOX 320863
COCOA BEACH FL 32932



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/28/1998

2. Principal Place of Business

21 295 MONTEGO BAY CT.

Suite, Apt. #, etc.

2a. Mailing Address

26 295 MONTEGO BAY CT.

Suite, Apt. #, etc.

4. FEI Number

59-3553367

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. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KACZMARCZYK, WEISLAW
409 BANANA RIVER BLVD.
COCOA BEACH FL 32932

10. Name and Address of New Registered Agent

81 Name

KACZMARCZYK WIESLAW

82

Street Address (P.O. Box Number is Not Acceptable)
295 MONTEGO BAY CT.

83

84

City

MERRITT ISLAND

FL

85 Zip Code

32953

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

WIESLAW KACZMARCZYK

09/01/99

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 D ☐ DELETE
NAME KACZMARCZYK, WEISLAW
STREET ADDRESS 409 BANANA RIVER BLVD.
CITY-ST-ZIP COCOA BEACH FL 32932

TITLE D ☐ DELETE
NAME KACZMARCZYK, URSZULA
STREET ADDRESS 409 BANANA RIVER BLVD.
CITY-ST-ZIP COCOA BEACH FL 32932

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 PRESIDENT ☒ Change ☐ Addition

1.2 NAME KACZMARCZYK WIESLAW

1.3 STREET ADDRESS 295 MONTEGO BAY CT.

1.4 CITY-ST-ZIP MERRITT ISLAND FL. 32953

2.1 TITLE vice-PRESIDENT ☒ Change ☐ Addition

2.2 NAME KACZMARCZYK URSZULA

2.3 STREET ADDRESS 295 MONTEGO BAY CT.

2.4 CITY-ST-ZIP MERRITT ISLAND FL. 32953

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WIESLAW KACZMARCZYK

09/01/99

Date

Daytime Phone #

CR2E034 (5/99)