

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90281 025 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000051097**

1. Corporation Name  
**James Bilitski, Inc.**



Principal Place of Business      Mailing Address

**1605 Addison Avenue**  
**Boca Raton, FL 33486**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**June 8, 1998**

2. Principal Place of Business	2a. Mailing Address
21 <b>1605 Addison Ave.</b>	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 <b>Boca Raton, FL</b>	28
Zip      Country	Zip      Country
24 <b>33486</b> 25 <b>USA</b>	29      30

4. FEI Number	Applied For
<b>65-0844624</b>	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes the current year intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**James A. Bilitski**  
**5106 Oak Hill Lane, #914**  
**Boca Raton, FL 33486**

10. Name and Address of New Registered Agent

81 Name	<b>Joan L. Scialli</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>1605 Addison Avenue</b>
83	
84 City	<b>Boca Raton, FL 33486</b>

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: James A. Bilitski (JAMES A. BILITSKI) PRESIDENT-DIRECTOR      DATE: 5-20-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	<b>James A. Bilitski</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>P.O. Box 659</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>Smithfield, PA 15478</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>Theresa B. Flaherty</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>2529 East Little Creek Rd. #63</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Norfolk, VA 23518</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>S/T Deborah A. Bilitski</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>2138 Baringer Ave.</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Louisville, KY 40204</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Deborah A. Bilitski      Date: 3/10/99      Daytime Phone #

CR2E034 (1/98)