

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 # P98000068988

1. Corporation Name
GROCKOWSKI & ASSOCIATES, INC.

Principal Place of Business
**9340 NW 17TH ST.
PLANTATION FL 33322**

Mailing Address
**9340 NW 17TH ST.
PLANTATION FL 33322**

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90009 017 ***150.00

03-17-1999 90009 018 *****8.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1998

4. FEI Number

65-0852944

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 **10404 NW 7th ST**

Suite, Apt. #, etc.

22 **N/A**

City & State

23 **PLANTATION FL**

Zip

24 **33324**

Country

25 **Broward**

2a. Mailing Address

26 **10404 NW 7th ST**

Suite, Apt. #, etc.

27 **N/A**

City & State

28 **PLANTATION FL**

Zip

29 **33324**

Country

30 **Broward**

9. Name and Address of Current Registered Agent

**GROCKOWSKI, JEFFREY
9340 NW 17TH ST.
PLANTATION FL 33322**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **GROCKOWSKI, JEFFREY**
STREET ADDRESS **9340 NW 17TH ST.**
CITY-ST-ZIP **PLANTATION FL 33322**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **P/O** ☒ Change ☐ Addition
12 NAME **Grockowski, Jeffrey**
13 STREET ADDRESS **10404 NW 7th Street**
14 CITY-ST-ZIP **PLANTATION FL 33324**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/5/99 **954-423-1117**

CR2E034 (11/98)