DOCU	JMENT me	#		NESS REP 0036275	ORI	r (UB	R)		FII May 08, 2 Secretar 05-08-2002 90		2 8:0 f Sta	
Principal Pla 1110 WHITE KEY WEST F		3		Mailing Address PO BOX 956 KEY WEST FL 33041								
2. Principal I I 26 S Suite, Apt	Place of Busin . LAKE . #, etc.	ess DR		3. Mailing Address P.O.BOX 3306 Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State LANTANA, FL				City & State				4. FEI Number 65-0913638 Applied For Not Applied For				
33462	33462 PALM DEACH			33465	PA	LM BE	A CH		Dertificate of Status Desired [1 00 Hequilou		
6. Name and Address of Current Registered Agent SOKOLOWSKI, JANUSZ 1110 WHITE STREET KEY WEST FL 33040							7. Name and Address of New Registered Agent SOKOLOWSKI JANUS 2 Address (P.O. Box Number is Not Acceptable) S.LAKE DR.					
a Thurst		1 2 4					ANTI			FL	334	62
8. The above			of registered agent and			red Agent signat		_	ent, or both, in the State of Florida	DATE		
Tax filling requirement and elects to do so After May 1, 200						FEE IS \$150.00 2 Fee will be \$550.00 a to Department of State			10. Election Campaign Financi. Trust Fund Contribution.	ng 🗆		00 May Be d to Fees
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS SOKOLOW 3519 FLAG KEY WEST	SKI, JANI LER AVE		RECTORS Delete	1	LE	PVT 50K0	5 5 5 5 6	DITIONS/CHANGES TO OFFICER WSKI JANUSZ AKE DR. JA; FL 33462	_	RECTOR:	S IN 11 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NET WEST	12 000 11		☐ Delete	TITI NAI STF	LE	<u> </u>	1140	14 FL 2340C] Change	Addition
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13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: ANUSZ SOKOLOWSKI OHIB 02 305-509-1777												
	7	SIGNATURE		ITED NAME OF SIGNING OFFICE					Date	Daytim	e Phone #	· · ·