FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

STHEET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S35151

(7)

NIEWIAROWSKI INVESTMENTS, INC.

Principal Place of Business Mailing Address 100 GULF BLVD. BELLEAIR SHORES FL 34635 Mailing Address 100 GULF BLVD. BELLEAIR SHORES FL 34635								
					3. Date incorporated or Qualified 02/22/1991	3a. Date of 05/01/1		eport
21 100	Place of Business GULF, BLVD.	28. Mailing Address 26 100 GUF BLVD			4. FEI Number 59-3133169	Applied For Not Applicable		
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$	8.75 A Fee Re	dditional quired
City & Stat 23 <i>BELL</i>		City & State 28 REWEAR &	HORES	FLORIO	6. Election Campaign Financing Trust Fund Contribution		55.00 Added to	o Fees
24 ZP 33	786 25 U.S. A. 9. Name and Address of Curren	29 33786 1 Replaced Agent	Countr 30	S. R.	8. This corporation has liability for in Florida Statutes 10. Name and Address of New Reg	Yes N	0	199.032,
JON	ASSEN, WILLIAM S.	t Hogistorou Agom	8	Name	19. Hallo 210 Addiose V/ Hot Ho	Jibiai da Agoi		
10785 ULMERTON ROAD LARGO FL 34848				Street Addr	ess (P.O. Box Number is Not Acceptab	le)		
EXINGU FL 34040			8	,				
			84	City		FL 8	Zip C	Code
office or i	to the provisions of Sections 607 0502 registered agent, or both, in the State am familiar with, and accept the obligation of the state	of Florida. Such change was ations of, Section 607.0505, F	authorized t lorida Statute	by the corporat as.	poration submits this statement for the pion's board of directors. I hereby acceptions when reinstating	urpose of cha t the appointr	nging its	s registered registered
12.	OFFICERS AND		13.	Seut albustous recion	ADDITIONS/CHANGES TO OFFIC		RECTOR	S IN 12
TITLE	[5	DELETE	41.1 TITLE				Change	Addition
NAME	JONASSEN, WILLIAM S.	*	1.2 NAME					
STREET ADDRESS	10785 ULMERTON RD.		1.3 STREE	T ADDRESS				
CITY - ST - ZIP	LARGO FL	☐ DELETE	1.4 City- 2.1 Title	······			Change	Addition
YITLE NAME	NIEWIAROWSKI, ANTONI			i			Ollange	radiio
STREET ADDRESS	100 GULF BLVD		2.2 NAME 2.3 STREE	T ADDRESS				
CITY - ST - ZIP	BELLEAIR SHORES FL		2. 4 CITY	i i				
TITLE	\$	☐ DELETE	3.1 TITLE				Change	Addition
NAME	NIEWIAROWSKI, WINCENTA		3.2 NAME					
STREET ADDRESS	100 GULF BLVD			ET ADDRESS				
CHY+ST-ZiP	BELLEAIR SHORES FL	DELETE	3.4. CITY 4.1 TITLE	···			Change	Addition
7IDLE NAME		בַן עננונ	4.1 THEE				oran No	ing outled
STREET ADDRESS				ET ADORESS				
CITY - \$1 - ZIP			4.4 CITY-					
THE		DELETE	5.1 TITLE				Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STRE	ET ADDRESS				
C-TY-ST-ZIP			5.4 CITY	ST-ZIP				
TETE		☐ DELETE	6.1 TITLE			لـا	Change	Addition
NIA KAS	1		E 2 NAME	: I				

FILED Apr 25 1997 8:00am Secretary of State



14. Lob 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.

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

NI NIEWIARONSKI