

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

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S82162 (6)
1. Corporation Name
BETTY ROCHNOWSKI EA. INC.

Principal Place of Business
187 W. COWLES STREET
ENGLEWOOD FL 34223

Mailing Address
187 W. COWLES STREET
ENGLEWOOD FL 34223



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/24/1991	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 65-0282360	Applied For Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ROCHNOWSKI, BETTY 2025 S TAMiami TR 187 W. COWLES STREET ENGLEWOOD FL 34223		81 Name BETTY ROCHNOWSKI 82 Street Address (P.O. Box Number is Not Acceptable) 40 VIRGINIA COURT 83 84 City ENGLEWOOD FL 85 Zip Code 34223	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	ROCHNOWSKI, BETTY	1.2 NAME	BETTY ROCHNOWSKI
STREET ADDRESS	187 W. COWLES STREET	1.3 STREET ADDRESS	40 VIRGINIA COURT
CITY-ST-ZIP	ENGLEWOOD FL 34223	1.4 CITY-ST-ZIP	ENGLEWOOD FL 34223
TITLE	D	2.1 TITLE	VALERIE WYANDT
NAME	WYANDT, VALERIE	2.2 NAME	1311 E. VENICE AVE
STREET ADDRESS	5843 DENISON DR	2.3 STREET ADDRESS	VENICE FL 34292
CITY-ST-ZIP	VENICE FL 34293	2.4 CITY-ST-ZIP	VENICE FL 34292
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE: Betty Rochnowski (BETTY ROCHNOWSKI) 2-1-98 941-474-9099

CR2E034 (10/97)