

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:37

DOCUMENT # 495549

(8)

1. Corporation Name

T T Z ENTERPRISES, INC.

Principal Place of Business

2517 N E 21 CT.
FT. LAUDERDALE FL 33305

Mailing Address

2517 N E 21 CT.
FT. LAUDERDALE FL 33305

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/17/1976

3a. Date of Last Report

02/08/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FBI Number

59-1671535

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

24

Zip

Country

29

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WENKSTERN, GRANT E.
2190 SE 17TH STREET
SUITE 225
FT. LAUDERDALE FL 33316

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

(Print or type name of person making report, agent, and the corporation)

(Print or type name of Registered Agent, agent making report, and the corporation)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME PD
ZAMORE, TERRI
STREET ADDRESS 2517 N.E. 21 CT.
CITY, STATE FT. LAUDERDALE FL

NAME STD
ZAMORE, HAZEL
STREET ADDRESS 801 NW 18 CT APT # 305
CITY, STATE FT. LAUDERDALE FL

NAME
STREET ADDRESS
CITY, STATE

NAME
STREET ADDRESS
CITY, STATE

NAME
STREET ADDRESS
CITY, STATE

NAME
STREET ADDRESS
CITY, STATE

NAME
STREET ADDRESS
CITY, STATE

NAME
STREET ADDRESS
CITY, STATE

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, STATE, ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, STATE, ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, STATE, ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, STATE, ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, STATE, ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, STATE, ZIP

Be ceased

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 and I make 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 197, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with any additions.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-94 305 561-4809