FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **495549** **(8)**

1. Corporation Name

T T Z ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2517 N E 21 CT. **FT. LAUDERDALE FL 33305**	**2517 N E 21 CT.** **FT. LAUDERDALE FL 33305**

3. Date Incorporated or Qualified: **05/17/1976**	3a. Date of Last Report: **01/17/1995**
4. FEI Number: **59-1671535**	☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

21 Principal Place of Business	22 Suite, Apt. #, etc.	23 City & State	24 Zip	25 Country

26 Mailing Address	27 Suite, Apt. #, etc.	28 City & State	29 Zip	30 Country
1007 N. Fed. Hwy.	167 (Suite)	FT. LAUD. FL	33304	US

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: Terri Zamore
82 Street Address (P.O. Box Number is Not Acceptable): 2517 N.E. 21 CT
83 FT. LAUD., FL. 33305
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: Terri Zamore 1/22/96
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	PD ☐ DELETE	1 1 TITLE	☐ Change ☐ Addition
NAME	ZAMORE, TERRI	1 2 NAME	
STREET ADDRESS	2517 N.E. 21 CT.	1 3 STREET ADDRESS	
CITY-ST-ZIP	FT.LAUDERDALE FL	1 4 CITY-ST-ZIP	
TITLE	☐ DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY-ST-ZIP		2 4 CITY-ST-ZIP	
TITLE	☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE	☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE	☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE	☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Terri Zamore 1/22/96 954 561 4609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #