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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

OCUMENT # 495549

(8)

T Z ENTERPRISES, INC.

cipal Place of Business Mailing Address 1007 N. FED. HWY. 7 N E 21 CT. LAUDERDALE FL 33305 167 SUITE FT LAUD. FL 33304-1422 3. Date Incorporated or Qualified 3a. Date of Last Report 05/17/1976 01/26/1996 4. FEI Number Principal Place of Business Mailing Address Applied For 59-1671535 26 Not Applicable Suite, Apt # etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State Dity & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Country Zερ 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Salva No Country Zip 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ZAMORE, TERRI 2517 N.E. 21 CT 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 225** 83 FT LAUDERDALE FL 33305 RA City Zip Code 85 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. Sky cardie into the priored harve of registrored agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 96/6) DELETE 1.1 TITLE Change Addition ZAMORE, TERRI 1.2 NAME 2517 N.E. 21 CT. 13 STREET ADDRESS ACIDRESS FT.LAUDERDALE FL 14 City-St-ZiP 1-7iP DELETE Addition Change 2 | TITLE 2.2 NAME PORESS 23 STREET ADDRESS 2. 4 CtTY - ST - ZIP DELETE Change Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS IRESS 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE 4. 2 NAME **IDDRESS** 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP · ZIP DELETE 5.1 TITLE Change Addition 5.2 NAME 5.3 STREET ADDRESS ADDRESS 5.4 City-St-ZiP 1 - 7IP DELETE Addition Change 6.1 TITLE 6.2 NAME **6.3 STREET ADDRESS** 1 ADDRESS

6.4 CITY-ST-ZIP

I do 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

NATURE:

ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

2-18-77 9545614809

FILED

Feb 24 1997 8:00am

Secretary of State