


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 01, 1999 8:00 am
Secretary of State

09-01-1999 90014 019 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 549023 ✓

1. Corporation Name
POZZI ENTERPRISES, INC.



Principal Place of Business 10420 PIPER DRIVE NEW PORT RICHEY FL 34654	Mailing Address 10420 PIPER DRIVE NEW PORT RICHEY FL 34654
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 3937 Lake Joyce Dr.	26 3937 Lake Joyce Dr.			10/12/1977	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-1806807	
22		27		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Land O'Lakes FL		28 Land O'Lakes FL		6. Election Campaign Financing	
Trust Fund Contribution				<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 34639		29 34639		8. This corporation owes the current year	
25 USA		30 USA		Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KLIMIS ESQ GEORGE N 30 N RING AVE SUITE 400 NEW PORT RICHEY FL 33654				81 Name Daniel P. Rock P.A.			
				82 Street Address (P.O. Box Number is Not Acceptable) 5426 Crafts Street			
				83			
				84 City New Port Richey FL		85 Zip Code 34652-3963	

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 DANIEL P. ROCK Daniel P. Rock 8/30/99
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	POZZI, DOLORES L. <input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	Janice P. Durbak <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10420 PIPER DRIVE	1.2 NAME	11637 San Antonio Lane
STREET ADDRESS	NEW PORT RICHEY FL 34654	1.3 STREET ADDRESS	Lewisville TX 75067
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE VD	POZZI, MICHAEL E. <input checked="" type="checkbox"/> DELETE	2.1 TITLE VD	John C. Pozzi <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6 SUNSHINE DRIVE	2.2 NAME	12255 Pasco Trails Blvd.
STREET ADDRESS	NEW PORT RICHEY FL	2.3 STREET ADDRESS	Spring Hill FL 34610
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE STD	DURBAK, JANICE P. <input type="checkbox"/> DELETE	3.1 TITLE STD	November J. Pozzi <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1402 N VALLEY PARKWAY #908	3.2 NAME	3614 Carrollwood Place Circle #108
STREET ADDRESS	LEWISVILLE TX 75067	3.3 STREET ADDRESS	Tampa FL 33624
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Janice P. Durbak Janice P. Durbak 8-23-99 972-401-7103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)