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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

**FILED** Apr 16 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # G62002 (2) AZA VENTURES, INC. Principal Place of Business Mailing Address 5752 VINTAGE OAKS CIR. 5752 VINTAGE OAKS CIR **DELRAY BEACH FL 33484** DELRAY BEACH FL 33484-6422 3. Date incorporated or Qualified 3a. Date of Last Report 08/26/1983 05/01/1996 Principal Place of Business Mailing Address FEI Number Applied For 59-2317530 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees Zip Country Country This corporation has liability for intangible tax under s. 199.032 24 25 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name **COBER CORPORATE AGENTS INC** 2601 SO BAYSHORE DR. 82 Street Address (P.O. Box Number is Not Acceptable) 19TH FLOOR 83 **MIAMI FL 33133** 84 Zip Code 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, typod or printed name of registered agent and the if applicable (NOTE Registered Agend signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. (96/6) DELETE TITLE PASD 1.11000 Change NAME SUTTIN. EUGENE N 1.2 NAMI **5752 VINTAGE OAKS CIR** STREET ADDRESS 1.3 STREET ADDRESS **DELRAY BEACH FL** City-St-7IP 1.4 CITY - ST - ZIF DELETE 2.1 7411 8 Change Addition NAME SUTTIN, BONNIE 2.2 NAMI **5752 VINTAGE OAKS CIRCLE** STREET ADDRESS 2.3 STREET ADDRESS DELRAY BEACH FL CITY-ST-ZIF 2.4 CITY-ST-ZIP TITLE DETETE 3.1 IIIIII Change Addition NAME 3.2 NAME **STREET ADDRESS** 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - 7IP DELETE TITLE Change 4.1 THLE Addition NAME 4. 2 NAMS STREET ADDRESS 4.3 STREET ADORESS CITY-ST-ZIP 4.4 CITY - ST- ZIF DELETE TITLE 5.11016 Change Addition NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS

6.4 CHY - S1 - ZIP I do hereby certify that the information supplied with this filling 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 is supplemental around 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 procedure 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 phanged for quantitation or this report as required by Chapter 607, Florida Statutes; and that my name

5.4 CITY - ST - 7IP

6.3 STREET ADDRESS

Change

Addition

61 IIILE

6.2 NAME

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