

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT #H41069 (6)
1. Corporation Name
TAZ CONSTRUCTION, INC.

Principal Place of Business: C/O PETER M. HODKIN, ESQ. 2200 W. COMMERCIAL BLVD. FT. LAUDERDALE, FL 33309
Mailing Address: C/O PETER M. HODKIN, ESQ. 2200 W. COMMERCIAL BLVD. FT. LAUDERDALE, FL 33309

2. Principal Place of Business: 21. 2101 W. Commercial Blvd. Suite 4100 Ft. Lauderdale, Florida 33309 USA
2a. Mailing Address: 26. 2101 W. Commercial Blvd. Suite 4100 Ft. Lauderdale, Florida 33309 USA

3. Date Incorporated or Qualified: 01/30/85
3a. Date of Last Report: 03/28/96
4. FEI Number: 59-2551445
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

9. Name and Address of Current Registered Agent: PETER M. HODKIN, ESQ. 2101 W. COMMERCIAL BLVD. SUITE 4100 FT. LAUDERDALE, FLORIDA 33309

10. Name and Address of New Registered Agent:
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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (P.O. Box Number is Not Acceptable) (P.O. Box Number is Not Acceptable) (P.O. Box Number is Not Acceptable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREW ZUCKERMAN	12 NAME	
STREET ADDRESS	6650 NW 41 St.	13 STREET ADDRESS	
CITY- ST- ZIP	Coral Springs, FL 33067	14 CITY- ST- ZIP	
TITLE	S <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRACY ZUCKERMAN	22 NAME	
STREET ADDRESS	6650 NW 41 St.	23 STREET ADDRESS	
CITY- ST- ZIP	Coral Springs, FL 33067	24 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY- ST- ZIP		34 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY- ST- ZIP		44 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	300002184593
CITY- ST- ZIP		54 CITY- ST- ZIP	-05/20/97--01020--028
TITLE	<input type="checkbox"/> DELETE	61 TITLE	***165.00
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 CITY- ST- ZIP	

300002184593
-05/20/97--01020--028
***165.00

es
5/8/97

14. 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 appears in Block 12 or Block 13 if checked, or as an attachment with an address.

Andrew Zuckerman, Director 4/30/97 (954) 752-4700

CR2E034 (9/96)