

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED

97 JAN 29 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # J80156 (9)

1. Corporation Name

AZZERTS CORPORATION

Principal Place of Business

Mailing Address

% BRUCE M. GOTTLIEB
125 N 46 AVENUE
HOLLYWOOD FL 33021

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125 N 46 AVENUE
HOLLYWOOD FL 33021

3. Date Incorporated or Qualified 06/29/1987
3a. Date of Last Report 08/22/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 59-2834230
Applied For Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOTTLIEB, BRUCE M.
125 N 46 AVENUE
HOLLYWOOD FL 33021

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 607.0502, Florida Statutes.

SIGNATURE *Bruce M. Gottlieb* 11/5/96
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	DPS	<input type="checkbox"/> DELETE
NAME	TREZZA, JAMES	
STREET ADDRESS	3389 SHERIDAN ST., STE 201	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	RICHARDSON, HILDE G.	
STREET ADDRESS	3389 SHERIDIAN ST., STE 201	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TREZZA, DANIELLE, PIA	
STREET ADDRESS	3389 SHERIDIAN ST., STE 201	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HOGUE, UDA	
STREET ADDRESS	3389 SHERIDIAN ST., STE 201	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

REINSTATEMENT

[Handwritten signature]

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****375.00 ****375.00

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Handwritten signature]* 01/19/96 8549624486
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (3/96)