

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

FILED

**Feb 06 1998 8:00am
Secretary of State**

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P95000064766 (5)
1. Corporation Name
DIZENZO MANUFACTURING INTERNATIONAL, INC.



| | |
|---|---|
| Principal Place of Business 1501 NORTHWEST 22ND COURT, BAY 1-2 POMPANO BEACH FL 33069 | Mailing Address 1501 NORTHWEST 22ND COURT, BAY 1-2 POMPANO BEACH FL 33069 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 2. Principal Place of Business 21 4400 NW 19th AVE Suite, Apt. #, etc. 22 Ste H2 City & State 23 POMPANO BEACH Zip 24 33064 Country 25 BROWARD | 2a. Mailing Address 26 4400 NW 19th AVE Suite, Apt. #, etc. 27 STE H2 City & State 28 POMPANO BEACH Zip 29 33064 Country 30 BROWARD |
|---|--|

| | | |
|--|---------------------------------------|--|
| 3. Date Incorporated or Qualified 08/22/1995 | 4. FET Number 65-0603286 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |

9. Name and Address of Current Registered Agent
**DIZENZO, FRANK R.
1501 NW 22ND COURT
BAY 1-2
POMPANO BEACH FL 33069**

10. Name and Address of New Registered Agent

| | |
|---|---------------------------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 4400 NW 19th AVE, Ste H2 |
| 83 City | POMPANO BEACH |
| 84 State | FL |
| 85 Zip Code | 33064 |

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---|---------------------------------|
| TITLE | PTSD | <input type="checkbox"/> DELETE |
| NAME | DIZENZO, FRANK | |
| STREET ADDRESS | 1501 NORTHWEST 22ND COURT, BAY 1-2 | |
| CITY-ST-ZIP | POMPANO BEACH FL 33069 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 4400 NW 19th AVE, Ste H2 |
| 1.4 CITY-ST-ZIP | POMPANO BEACH, FL 33064 |
| 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 | |

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:  **PRESIDENT**
FRANK R. DIZENZO 1/29/98 850-978-4624

CR2E034 (10/97)