

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

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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90032 007 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000102076

1. Corporation Name
THE CANZERI COMPANY, INC.



Principal Place of Business
 2747 BLANDING BLVD
 SUITE 102
 MIDDLEBERG FL 32068
 US

Mailing Address
 2747 BLANDING BLVD
 SUITE 102
 MIDDLEBERG FL 32068
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/04/1997

4. FEI Number
NOT APPLICABLE

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
Middleburg
 23 Zip Country
 24 25 29 30

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country

9. Name and Address of Current Registered Agent
CHAPMAN, FRAN
2747 BLANDING BLVD
SUITE 102
MIDDLEBERG FL 32068

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **Middleburg** **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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CANZER, PATRICIA N	
STREET ADDRESS	604 CRANDON BLVD, #205	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CANZERI, JOSEPH W	
STREET ADDRESS	604 CRANDON BLVD, #205	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	AUCHTEF, PAUL R	
STREET ADDRESS	1111 CRANDON BLVD, #C-702	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
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	Canzeri	
1.3 STREET ADDRESS	2747 Blanding Blvd., Ste. 102	
1.4 CITY-ST-ZIP	Middleburg, FL 32068	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	2747 Blanding Blvd., Ste 102	
2.4 CITY-ST-ZIP	Middleburg, FL 32068	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Auchter	
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, with all other like empowered.

SIGNATURE: *Patricia N. Canzeri* Date: **4.16.99** 904-291-7990
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Patricia N. Canzeri, President/Director** Daytime Phone # _____

CR2E034 (11/98)