

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90062 010 \*\*\*150.00

**FILE NOW: FILING FEE AFTER MAT IS \$550.00**

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000058311**

1. Corporation Name  
**LATZO INDUSTRIES, INC.**



Principal Place of Business 8693 BARDMOOR BLVD. STE.306 LARGO FL 33777	Mailing Address 8693 BARDMOOR BLVD. STE.306 LARGO FL 33777
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8737 BARDMOOR PL	2a. Mailing Address 26 8737 BARDMOOR PL
Suite, Apt. #, etc. 22 SUITE 202E	Suite, Apt. #, etc. 27 SUITE 202E
City & State 23 LARGO FL	City & State 28 LARGO, FL
Zip 24 33777	Country 25 USA

3. Date Incorporated or Qualified 06/29/1998	
4. FEI Number 59-3519805	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 the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

LATZO, CURTIS T  
 8693 BARDMOOR BLVD., STE.306  
 LARGO FL 33777

10. Name and Address of New Registered Agent

81 Name CURTIS T. LATZO
82 Street Address (P.O. Box Number is Not Acceptable) 8737 BARDMOOR PLACE
83 SUITE 202E
84 City LARGO FL
85 Zip Code 33777

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. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Curtis T. Latzo, PSTD <input type="checkbox"/> DELETE 8737 Bardmoor Place; #202E Largo, Florida 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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	

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 807, 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: Curtis T. Latzo, President Date: 1/22/99 Daytime Phone #: 727-392-7584

CR2E034 (1/98)