

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S68631** (8)
1. Corporation Name
E.Z. SYSTEMS INC.



Principal Place of Business: **315 SABAL PARK PLC SUITE 201 LONGWOOD FL 32779 US**
Mailing Address: **315 SABAL PARK PLC SUITE 201 LONGWOOD FL 32779 US**

2. Principal Place of Business: **521 GOLF TEE LN Ste #109 LONGWOOD FL 32779 US**
2a. Mailing Address: **521 GOLF TEE LN Ste #109 LONGWOOD FL 32779 US**

3. Date Incorporated or Qualified: **07/22/1991**
3a. Date of Last Report: **04/28/1995**
4. FEI Number: **65-0279084**
5. Certificate of Status Desired: Applied For Not Applicable
6. Election Campaign Financing: **\$8.75** Additional Fee Required
7. 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: **ZASTKO, ELIZABETH ANN 315 SABAL PARK PLC., SUITE 201 LONGWOOD FL 32779**

10. Name and Address of New Registered Agent: **ZASTKO, ELIZABETH ANN 521 GOLF TEE LN Ste 109 LONGWOOD FL 32779**

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 office familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: **Elizabeth A Zastko** ELIZABETH A. ZASTKO PRESIDENT 30 Apr 95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D ZASTKO, ELIZABETH ANN	1.2 NAME	
STREET ADDRESS	315 SABAL PARK PLC., SUITE 201	1.3 STREET ADDRESS	521 GOLF TEE LN, Ste 109
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE: **Elizabeth A Zastko** ELIZABETH A. ZASTKO PRESIDENT 30 Apr 95
(407) 885-7186

CR2E034 (12/95)