

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

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**Mar 24 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # S71853 (3)
1. Corporation Name
EZ-TIXZ, INC.



Principal Place of Business Mailing Address
350 MAYFAIR CIRCLE EAST PALM HARBOR FL 34683 **350 MAYFAIR CIRCLE EAST PALM HARBOR FL 34683-5816**

3. Date Incorporated or Qualified **08/05/1991** 3a. Date of Last Report **07/11/1996**
4. FEI Number **59-3084020** Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Subc., Apt. #, etc. 26 Subc., Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

**ROBERTS, KEITH F.
240 PLANT AVE.
SUITE B308
TAMPA FL 33606**

10. Name and Address of New Registered Agent

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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	BELL, GAIL	
STREET ADDRESS	240 PLANT AVE., S-B308	
CITY-ST-ZIP	TAMPA FL	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	STUDNICKA, STEPHEN L.	
STREET ADDRESS	240 PLANT AVE., S-B308	
CITY-ST-ZIP	TAMPA FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	JAUFMANN, EDWIN J., JR.	
STREET ADDRESS	240 PLANT AVE., S-B308	
CITY-ST-ZIP	TAMPA FL	
TITLE	PDT	<input type="checkbox"/> DELETE
NAME	VANDOREN, N. RICHARD	
STREET ADDRESS	240 PLANT AVE S-B308	
CITY-ST-ZIP	TAMPA FL	
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 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 do 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: **Edwin J. Jauferman Jr.** **3/11/97** **813-787-5911**
Date Daytime Phone #

CR2E034 (9/96)