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Secretary of State

04-13-1999 90059 042 ***150.00

PROFIT CORPORATION - ANNUAL REPORT 1999



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

DOCUMENT # **S71853**

1. Corporation Name
EZ-TIXZ, INC.



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

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|------------|------------------------|------------|--|-------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 08/05/1991 | |
| 21 | | 26 | | 4. FEI Number 59-3084020 | Applied For Not Applicable |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 City & State | | 28 City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 Zip | 25 Country | 29 Zip | 30 Country | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|---|--|--|--|---|----------------------|-------------|----------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| ROBERTS, KEITH F. 240 PLANT AVE. SUITE B308 TAMPA FL 33606 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | 1902 S. MacDill Ave. | | |
| | | | | 83 | | | |
| | | | | 84 City | Tampa | 85 Zip Code | FL 33629 |

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 | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|-------------------------|---------------------------------|--|---|----------------------|--|--|
| TITLE | DV | <input type="checkbox"/> DELETE | | 1.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BELL, GAIL | | | 1.2 NAME | | | |
| STREET ADDRESS | 240 PLANT AVE., S-B308 | | | 1.3 STREET ADDRESS | 1902 S. MacDill Ave | | |
| CITY-ST-ZIP | TAMPA FL | | | 1.4 CITY-ST-ZIP | Tampa FL 33629 | | |
| TITLE | SV | <input type="checkbox"/> DELETE | | 2.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | STUDNICKA, STEPHEN L. | | | 2.2 NAME | | | |
| STREET ADDRESS | 240 PLANT AVE., S-B308 | | | 2.3 STREET ADDRESS | 1902 S. MacDill Ave | | |
| CITY-ST-ZIP | TAMPA FL | | | 2.4 CITY-ST-ZIP | Tampa FL 33629 | | |
| TITLE | CD | <input type="checkbox"/> DELETE | | 3.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | JAUFMANN, EDWIN J., JR. | | | 3.2 NAME | | | |
| STREET ADDRESS | 240 PLANT AVE., S-B308 | | | 3.3 STREET ADDRESS | 1902 S. MacDill Ave. | | |
| CITY-ST-ZIP | TAMPA FL | | | 3.4 CITY-ST-ZIP | Tampa FL 33629 | | |
| TITLE | PDT | <input type="checkbox"/> DELETE | | 4.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | VANDOREN, N. RICHARD | | | 4.2 NAME | | | |
| STREET ADDRESS | 240 PLANT AVE S-B308 | | | 4.3 STREET ADDRESS | 1902 S. MacDill Ave. | | |
| CITY-ST-ZIP | TAMPA FL | | | 4.4 CITY-ST-ZIP | Tampa FL 33629 | | |
| 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 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 in an attachment with an address, with all other like empowered.

SIGNATURE: Edwin J. Jaufmann Jr. 4/6/99 727-787-5911
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0495899

CR2E034 (11/98)