

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**  
95 AUG -3 AM 9:22  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # V59075 (4)**  
1. Corporation Name  
**REZI CORPORATION, INC.**

Principal Place of Business: **6500 CENTRAL AVE ST PETERSBURG FL 33707**  
Mailing Address: **6500 CENTRAL AVE ST PETERSBURG FL 33707**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		20. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21. <b>888 EXECUTIVE DR W.</b>		26. <b>888 EXECUTIVE DR W</b>		<b>08/19/1992</b>		<b>09/01/1994</b>	
22. Suite, Apt. #, etc. <b>101</b>		27. Suite, Apt. #, etc. <b>101</b>		4. FEI Number <b>59-3191138</b>		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
23. City & State <b>ST PETERSBURG</b>		28. City & State <b>FL</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
24. Zip <b>33702</b>		25. Country <b>USA</b>		29. Zip <b>33702</b>		30. Country <b>USA</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				<b>\$5.00 May Be Added to Fees</b>			
9. This corporation has liability for intangible tax under s. 100.022, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BORGES, FERNANDO 460 PARK ST N ST PETERSBURG FL 33710</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City <b>FL</b>			
				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: \_\_\_\_\_ (Signature typed in printed name of registered agent and filer if applicable) (NOTE: Registered Agent signature required when resigning) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REZICINER, SERGE</b>	1.2 NAME	
STREET ADDRESS	<b>6500 CENTRAL AVE</b>	1.3 STREET ADDRESS	
CITY ST ZIP	<b>ST PETERSBURG FL</b>	1.4 CITY ST ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REZICINER, PAULETTE</b>	2.2 NAME	
STREET ADDRESS	<b>6500 CENTRAL AVE</b>	2.3 STREET ADDRESS	
CITY ST ZIP	<b>ST PETERSBURG FL</b>	2.4 CITY ST ZIP	
TITLE		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		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		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		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:  **S. REZICINER (DIRECTOR)** **18th July 95**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE INITIALS (BLOCK 2)

CP2E034 (3/95)