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FILED  
May 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 304698

(4)

1. Corporation Name

LAZZARA ENTERPRISES, INC.



Principal Place of Business

Mailing Address

4643 WEST KENNEDY BOULEVARD  
TAMPA FL 33609

4643 WEST KENNEDY BOULEVARD  
TAMPA FL 33609-2519

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

25. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/03/1966

3a. Date of Last Report

02/15/1996

4. FEI Number

59-1143322

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

MCLAIN, MARY S  
2906 NORTH ST  
TAMPA FL 33614

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 or printed name of registered agent and tax, if any, I cable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PT  
MCLAIN, MARY S  
STREET ADDRESS 2906 NORTH ST  
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME VS  
TRAFFICANTE, LISA A  
STREET ADDRESS 4707 RIVER HILLS DR  
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT/DIRECTOR ☒ Change ☐ Addition

1.2 NAME MCLAIN, MARY S.  
1.3 STREET ADDRESS 2906 W. NORTH ST.  
1.4 CITY-ST-ZIP TPA, FL 33614

2.1 TITLE VP/DIRECTOR ☒ Change ☐ Addition

2.2 NAME TRAFFICANTE, LISA A.  
2.3 STREET ADDRESS 2906 W. NORTH ST.  
2.4 CITY-ST-ZIP TPA, FL 33614

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

*Thomas J. Hoyle*

4/22/97 (8/12) 28,000,000

CR2E034 (9/96)