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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 560073 1. Corporation Name

DICHARD I HAZEN DA

## FILED Feb 10, 1999 8:00am Secretary of State

02-10-1999 90066 048 \*\*\*150.00

RICHARU J. HAZEN F.A.					
Principal Place of Business	Mailing Address		a the say milit and the says seams a	11) A1811 A1811 A1811 A1811 B1	1851
227 PENSACOLA ROAD	227 PENSACOLA ROAD	)			
VENICE FL 34285 VENICE FL 3			DO NOT WRITE I	N THIS SPACE	
			3. Date incorporated or Qualifed		
			02/17/1978		
2. Dringing Place of Puginess	2a. Mailing Address		4. FEI Number	· App	lied For
2. Principal Place of Business	26		59-1806121	Not	Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	I
22	27	<u></u>	5. Certificate of Status Desired	Fee Rec	quired
City & State	City & State		6. Election Campaign Financing	¬ \$5.00 ı	
23	28		Trust Fund Contribution	Added to	Fees
Zip Countr	ry Zip	Country	8. This corporation owes the current	year Intangible	 □No
24 25	29	30	Personal Property Tax.		
9. Name and Addre	ess of Current Registered Agent	81 Name	10. Name and Address of New Regi	areled Whelit	
HAZEN DICHADD I					
HAZEN, RICHARD J 227 PENSACOLA ROAD		82 Street Ad	ddress (P.O. Box Number is Not Acceptable	)	
VENICE, FL		83	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> 前面的表面數值的</u>	
34285	•	63			
34260		84 City	The state of the s	FL 85 Zip C	Code"
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

941) 484-2688 Daytime Phone #