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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE



FLORIDA DEPARTMENT OF STATE

FILED

May 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 608170

(7)

NEW BIZ ENTERPRISES. INC.

Principal Plac	e of Business	Mailing Address	Mailing Address			i ibacığ aktıl adılar tarbı lekti süzik azıt.	11411 41831	Tiffet Affett Attel	#J011 (88)
9033 66TH ST NO PINELLAS PARK FL 34686 US		9295 78TH AVE NORTH LARGO FL 33777-4019							
						3. Date incorporated or Qualified 01/29/1979		ate of Last R 30/1996	leport
· ` `	liace of Business	2a. Mailing Address				4. FEI Number			pplied For
21	И	26				59-1884713			ot Applicable
Suite Apt		Suite, Apt. #, etc.				5. Certificate of Status Desired		Fee Re	Additional equired
Cily & Stal	te	City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	 1	untry		8. This corporation has liability for i			. 199.032,
24 337	25 25 9. Name and Address of Cui	29	30	τ		Florida Statutes 4 10. Name and Address of New Re		∐ No	
7ED		Intit undistaing wheth		81	Name	IV. Name and Address of New He	hototon	Agent	
	P, WAYNE B 5 78TH AVE NORTH					**************************************			
	GO FL 34647			82	Street Addre	ss (P.O. Box Number is Not Acceptab	le)		
				83	· · · · · · · · · · · · · · · · · · ·				
				84	City	***************************************		85 Zip	Code
44 D	1.40	0500 and 607 se00. Flade Oat.					FL	-	
	registered agent, or both, in the Starn familiar with, and accept the ob-	tate of Florida. Such change was oligations of, Section 607.0505, F	authorize lorida Sta	d by	the corporation.	oration submits this statement for the pon's board of directors. I hereby accept	it the api	pointment as	registered
SIGNATURE	Signature, typed or priored name of registered	J agent and title it applicable. (NC	TE Registers	d Age	nt signature require	d when reinstating)	DATE	· · · · · · · · · · · · · · · · · · ·	
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AN	D DIRECTOF	IS IN 12
TITLE	PD	DELETE	1.1 T	ITLE				Change	Addition
NAME	ZEPP, WAYNE B		1 2 N	IAME	1				
STREET ADDRESS	9295 78TH AVE N		1.3 \$	TREET	ADDAESS				
CHTY - ST - ZIP	LARGO FL			TY-S	T-ZIP				
THILE	SD IANET A	☐ DELETE	21 T	ITLE				Change	Addition
NAME	ZEPP, JANET A		22 N						
STREET AMORESS	9295 78TH AVE N LARGO FL				ADDRESS				
CITY - ST - ZIP TITLE	LANGO FL	DELETE	2 4 C	OTY - S	ST-ZIP			Change	Addition
NAME			32 N					C Change	L MODITION
STREET ADDRESS					ADDRESS				
CHY-ST-ZIP				CITY - S					
TITLE		DELETE	411		11-21/			Change	Addition
NAME				NAME					
STREET ADDRESS			4.3 S	TREET	ADDRESS				
CITY - ST - ZIP			44 C	IIY-S	T-ZIP				
TITLE		☐ DELETE	51 T					Change	Addition
NAME			52 N	IAME	ł				
STREET ADDRESS			535	TREET	ADDRESS				
CITY - \$1 - ZIP			54 C	ITY-S	T-ZiP				
111LF		DELETE	61T	ITLE				Change	Addition
NAME			62 N	IAME					
CTUCKE ASSOCIATE	1		636	TOCET	ADDRESS				

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 810ck 13 if changed, or on an attachment with an address.

64 CITY-ST-ZIP