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 # 646311

LAZOWICK, INC.

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90296 027 ***150.00



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Principal Place of Business Mailing Address						i indice ditii dibia biiba ilibi ilbbi libi bibii b	18 11 8 1843 8 18	is Bibls bibls sebt
1558 W TERRA POMPANO BCH US		1558 W TERRA MAR DR POMPANO BCH FL 33062 US				DO NOT WRITE IN THIS SPACE		
·					, I	3. Date Incorporated or Qualifed		
2. Principal Place of Business 2a. Mailing Address						11/27/1979 4. FEI Number		Applied For
21		26				59-1953119	├	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22						3. Certificate of Status Desired		Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		O May Be		
Zip	Country	Zip	Coun	itry	· · · · · · · · · · · · · · · · · · ·	8. This corporation owes the current year Int		0 10 rees
24	25	29)	0	_		Personal Property Tax.	Yes	No
Name and Address of Current Registered Agent						10. Name and Address of New Registered	Agent	
LAZOWICK, STEWART				81	Name			
1558 W TERR MAR DR			Ţ	82	Street Addres	s (P.O. Box Number is Not Acceptable)	, i	
			. L	83				
				24	Cit		los! 70	
2				84	City	FL		p 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 title if applicable. (NOTE: Régistered Agent signature required when reinstating) DATE DATE								
12,	OFFICERS AND		13.	·90	ogranov require	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	FORS IN 12
TITLE	PD	☐ DELETE	1.1 TITL	E	Ţ		Chang	e Addition
NAME	LAZOWICK, STEWART		1.2 NAM	Æ	}			ļ
STREET ADDRESS	1558 W TERRA MAR DR		1.3 STR	REET	ADDRESS			ļ
CITY-ST-ZIP	POMPANO BCH FL 33062	DELETE	1.4 CIT		-ZIP		Change	e 🗍 Addition
TITLE	_		1				[_] Change	a Cyddiddii
NAME STREET ADDRESS			2.2 NAN		ADDRESS .			
CITY-ST-ZIP			2. 4 CITY-ST-ZIP					}
TILE	DELETE		3.1 TITLE				Change	e 🔲 Addition
NAME	32		3.2 NAV	Æ	-=-			· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS	•		3.3 STR	EET #	ADDRESS			}
CITY-ST-ZIP		·	3.4. C/T		-ZIP		=	
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NAME			4, 2 NA		ADDOGGO			(
STREET ADDRESS	*		4.4 CITY		ADDRESS)			[
TITLE		☐ DELETE	5.1 TITL	_			Change	e
NAME			5.2 NAM	Æ	1			}
STREET ADDRESS	•		5.3 STR	EET/	ADDRESS	·		Ì
CITY-ST-ZIP		·····	5.4 CITY		ZIP			
TITLE		☐ DELETE	6.1 TITL		{		☐ Change	e 🗌 Addition (
NAME			6.2 NAV					ļ
STREET ADDRESS	·				ADDRESS			{
CITY-ST-ZIP	14. N - 4 1 - 1 7 - 1 14 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	45-5	6.4 C/TY			tion 119 07/3\(\text{i}\) Florida Statutes I further cert	(6 . 4L =4 4L =	information

s memory censive intermination supplied with this timing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 attachingent with an address, with all other like empowered. officer or director of the corporation or the receiver or Block 12 or Block 13 if changed, or an autachment

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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