FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

(1)

EDZ, INC.

Principal Place of Business

Mailing Address

2692 SEDGEFIELD CT..W.



	CLEARWATER FL 3462		CLEARWATER FL 34621									
								 Date Incorporated or Quality 10/08/1980 		te of Last Report 05/01/1995		
2.	Principal Place of Bus	siness	2a.	Mailing Address				4. FEI Number 59-2029622		Applied For Not Applicable		
21	Suite, Apt. #, etc	27	Suite, Apt. #. etc.				5. Certificate of Status Desired S8.75 Additional Fee Required					
22	City & State	28	City & State				Election Campaign Financi Trust Fund Contribution	LJ	\$5.00 May Be Added to Fees			
23	Zip	Country 25	29	Ζιρ	30 Cou	ntry		Tionac Salares] Yes 🔲 No			
24	o Nar	me and Address of Cu	rrent Regis	tered Agent				10. Name and Address of N	lew Registere	d Agent		
	9. 114					81	Name					
ZIGMAN, EDWARD W. 2692 SEDGEFIELD CT. W.					82 Street Address (P.O. Box Number is Not Acceptable)							
	CLEARWATER FL 34621					83						
						84	'		F	L 85 Zip Code		
		-1 C-+1 cos 607	0000 and 60	vz 1508. Florida Statut	tos the abc	Ll	named corpor	ration submits this statement for t	ne purpose of c	changing its registered office		

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 agent. I am or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.

	granure, typeshior printed name of region of a perhalant to OFFICERS AND DIRE		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
JLE	DP	DELFTE	1 1 TIBLE	Change Addition
IAME	ZIGMAN, EDWARD W.		1.2 NAME	
STREET ADDRESS	2692 SEDGEFIELD CT.,W.		1.3 STHEET ADDRESS	
DITY - ST - ZIP	CLEARWATER FL		1.4 City - ST-ZiP	
HILE	DST	☐ DELETE	2 1 TITLE	Change Addition
IAME	ZIGMAN, DOROTHY V.		2.2 NAME	
STREET ADDRESS	2692 SEDGEFIELD CT.,W.		2.3 STREET ACCORESS	
DITY-S1-7IP	CLEARWATER FL		2 4 C(1) + \$1 - Z(F)	P. O
TITLE		☐ DELÉTÉ	3 1 T-1LF	Change Addition
IAME			3.2 NAME	
TREE! ADDRESS			3.3 STHEET ADDRESS	
CITY - S1 - ZIP			34 CITY ST-74F	The Addition
MILE		☐ DELETÉ	4 1 TITLE	Change Addition
NAME			4.2 NAME	
TREET ADORESS			4.5 STREET ADDRESS	
CHTY-ST-ZIF			4.4 C(TY - \$1 - Z)P	C) Oharas C) Addition
IITLE		☐ DELETE	5 1 TillE	☐ Crange ☐ Addition
IAME			5.2 NAME	
TREET ADDRESS			5.3 STREET ADORESS	
ITY - ST - ZIP			5.4 CHY - ST - ZIP	
ITLE		☐ DELETE	6 1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 C-TY - ST - 74P	for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further

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 arrival report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify 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 AND TYPED OFFICER OF DIRECTOR

4-26-96 8/3/313-102/

CR2E034 (12/95)