

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000005834 (5)

1. Corporation Name

AMZAK CORPORATION



Principal Place of Business

Mailing Address

1300 IROQUOIS DR #210
NAPERVILLE IL 60563

1300 IROQUOIS DR #210
NAPERVILLE IL 60563

3. Date Incorporated or Qualified

11/30/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

36-3423813

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$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

KAZMA, MICHAEL D
800 CORPORATE DR #408
FT LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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 type for person or firm of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-filing)

Date

12. OFFICERS AND DIRECTORS

TITLE DCP
NAME KAZMA, G. J.
STREET ADDRESS 1300 IROQUOIS DR #210
CITY-ST-ZIP NAPERVILLE IL 60563

☐ DELETE

TITLE DCV
NAME KAZMA, MICHAEL D
STREET ADDRESS 800 CORPORATE DR #408
CITY-ST-ZIP FT LAUDERDALE FL 33334

☐ DELETE

TITLE T
NAME DALTON, MICHAEL J
STREET ADDRESS 1300 IROQUOIS DR., SUITE 210
CITY-ST-ZIP NAPERVILLE IL 60563

☐ DELETE

TITLE DS
NAME KAZMA, MARGARET A
STREET ADDRESS 1300 IROQUOIS DR #210
CITY-ST-ZIP NAPERVILLE IL 60563

☐ DELETE

TITLE D
NAME KAZMA, LEIGH-ANNE
STREET ADDRESS 1300 IROQUOIS DR #210
CITY-ST-ZIP NAPERVILLE IL 60563

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL J. DALTON

Date

Signature Phone #