


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

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90273 030 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F95000005834</b>					
1. Corporation Name <b>AMZAK CORPORATION</b>					
Principal Place of Business <b>4343 COMMERCE CT 621 LISLE IL 60532 US</b>			Mailing Address <b>4343 COMMERCE CT 621 LISLE IL 30532 US</b>		
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>11/30/1995</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>36-3423813</b>	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24</b>		Country <b>25</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country <b>29</b>		Country <b>30</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>KAZMA, MICHAEL D 800 CORPORATE DR #408 FT LAUDERDALE FL 33334</b>			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
NAME <b>KAZMA, G. J.</b>					
STREET ADDRESS <b>4343 COMMERCE CT</b>					
CITY-ST-ZIP <b>LISLE IL</b>					
1.2 NAME <input type="checkbox"/> DELETE					
NAME <b>KAZMA, MICHAEL D</b>					
STREET ADDRESS <b>800 CORPORATE DR #408</b>					
CITY-ST-ZIP <b>FT LAUDERDALE FL 33334</b>					
1.3 STREET ADDRESS <input type="checkbox"/> DELETE					
NAME <b>DALTON, MICHAEL J</b>					
STREET ADDRESS <b>4343 COMMERCE CT #621</b>					
CITY-ST-ZIP <b>LISLE IL</b>					
1.4 CITY-ST-ZIP <input type="checkbox"/> DELETE					
NAME <b>KAZMA, MARGARET A</b>					
STREET ADDRESS <b>4343 COMMERCE CT</b>					
CITY-ST-ZIP <b>LISLE IL</b>					
1.5 CITY-ST-ZIP <input type="checkbox"/> DELETE					
NAME <b>KAZMA, LEIGH-ANNE</b>					
STREET ADDRESS <b>4343 COMMERCE CT #621</b>					
CITY-ST-ZIP <b>LISLE IL</b>					
1.6 CITY-ST-ZIP <input type="checkbox"/> DELETE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)