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

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90273 030 ***150.00

DOCUMENT # F9500005834 AMZAK CORPORATION					
Principal Place	e of Business	Mailing Address			T I POLITOR CHIM COLOR DUCTI DUCTI ABILIT DUCTI
4343 COMMERCE CT 4343 COMMERCE CT 621					
LISLE IL 60532 LISLE IL 30532					DO NOT WRITE IN THIS SPACE
US		US			3. Date Incorporated or Qualifed
					11/30/1995
2. Principal Pi	face of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			36-3423813 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State	e	City & State			6. Election Campaign Financing \$5.00 May Be
¬ '		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		****
					8. This corporation owes the current year Intangible Personal Property Tax.
24	9. Name and Address of Current		- U		10. Name and Address of New Registered Agent
	9. Name and Address of Current	registered Agent	81	Name	
ΚΔ7 1	MA, MICHAEL D		1	,,,,,,,,,	·
800 CORPORATE DR #408			82	Street A	Address (P.O. Box Number is Not Acceptable)
	AUDERDALE FL 33334				
F1 L	AUDENDALE PE 30004		83		
			84	City	■ 85 Zip Code
					FL
office or re	to the provisions of Sections 607, USD2, egistered agent, or both, in the State c m familiar with, and accept the obligati Signature, typed or printed name of registered agent	of Florida. Such change was autions of, Section 607.0505, Floric	horized by la Statutes	the corpo	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered required when reinstating)
12.	OFFICERS AND		13.	ii sigilatule re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DCP	DELETE	1.1 TITLE	· · · · I	Change Addition
		C Deterie			
NAME	KAZMA, G. J.		1.2 NAME		
STREET ADDRESS	4343 COMMERCE CT		1.3 STREE	FADDRESS	
CITY-ST-ZIP	LISLE IL		1.4 CITY-S	T-ZiP	
TITLE	DCV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KAZMA, MICHAEL D		2.2 NAME		
STREET ADDRESS	800 CORPORATE DR #408		2.3 STREET	I ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33334		2. 4 CITY-5	T-ZIP	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DALTON, MICHAEL J		3.2 NAME		
STREET ADDRESS	4343 COMMERCE CT #621		3.3 STREET	ADDRESS	
CITY-ST-ZIP	LISLE IL		3.4. CITY-S	1	
TITLE	DS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KAZMA, MARGARET A		4, 2 NAME		
	4343 COMMERCE CT			***************************************	
STREET ADDRESS	LISLE IL		4.3 STREET		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S	1-ZIP	Change Addition
TITLE	D CATRAL LEICH ANNE		5.1 TITLE	}	t-1 change
NAME	KAZMA, LEIGH-ANNE		5.2 NAME		
STREET ADDRESS	4343 COMMERCE CT #621		5.3 STREET	i i	
CITY-ST-ZIP	LISLE IL		5.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	}	
STREET ADDRESS			6.3 STREET	ADDRESS	

14. I 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 Block 12 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE

CITY-ST-ZIP