

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G26442** (5)  
1. Corporation Name  
**EZ INC.**



Principal Place of Business  
**2180 E ATLANTIC BLVD.  
POMPANO BCH FL 33062**

Mailing Address  
**2180 E ATLANTIC BLVD.  
POMPANO BCH FL 33062**

3. Date Incorporated or Qualified  
**02/28/1983**

3a. Date of Last Report  
**02/27/1995**

4. FEI Number  
**59-2305103**

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

2. Principal Place of Business  
21 1640 E ATLANTIC BLVD  
Suite, Apt. #, etc.  
22 City & State  
23 **POMPANO BEACH FL**  
Zip Country  
24 **33060** 25 **BROWARD**

2a. Mailing Address  
26 1640 E ATLANTIC BLVD  
Suite, Apt. #, etc.  
27 City & State  
28 **POMPANO BEACH FL**  
Zip Country  
29 **33060** 30 **BROWARD**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FAHMY, KAY K**  
~~2180 E ATLANTIC BLVD.~~ **1640 E ATLANTIC BLVD**  
~~POMPANO BCH FL 33062~~ **POMPANO BEACH**  
**FL 33060**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<b>VST</b>
NAME	<b>FAHMY, KAY K</b>	1.2 NAME	<b>FAHMY, KAY K</b>
STREET ADDRESS	<del>2180 E ATLANTIC BLVD.</del>	1.3 STREET ADDRESS	<b>1640 E ATLANTIC BLVD</b>
CITY-ST-ZIP	<b>POMPANO BEACH, FL 00000</b>	1.4 CITY-ST-ZIP	<b>POMPANO BEACH FL 33060</b>
TITLE	<b>VST</b>	2.1 TITLE	
NAME	<del>FAHMY, MONIRA</del>	2.2 NAME	
STREET ADDRESS	<del>2180 E ATLANTIC BLVD.</del>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<del>POMPANO BEACH, FL 00000</del>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **KAY K FAHMY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-23-96 (954) 941-7780**

Date Daytime Phone #

CR2E034 (12/95)