

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 AM 8:38

DOCUMENT # **G77972** (9)
1. Corporation Name
CZR, INCORPORATED

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
140 INTRACOASTAL POINTE DRIVE SUITE 301 JUPITER FL 33477

3. Date Incorporated or Qualified **01/04/1984** 3a. Date of Last Report **04/20/1994**

2. Principal Place of Business 2a. Mailing Address
21 26

4. FEI Number **56-1346848** Applied For Not Applicable

Suite, Apt. #, etc. 27

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State 28

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country 29 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**IDEN, BRUCE F., ESQ.
MILLEDGE, IDEN & SNYDER
2100 PONCE DE LEON BLVD., STE 1201
CORAL GABLES FL 33134**

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	HUDGENS, JAMES M.
STREET ADDRESS	1150 US HWY.1,STE.201
CITY- ST- ZIP	JUPITER FL
TITLE	D
NAME	HUDGENS, JAMES M.
STREET ADDRESS	1150 US HWY.1,STE.201
CITY- ST- ZIP	JUPITER FL
TITLE	STD
NAME	HUDGENS, JUDY T.
STREET ADDRESS	1150 US HWY.1,STE.201
CITY- ST- ZIP	JUPITER FL
TITLE	C
NAME	HUDGENS, JUDY T.
STREET ADDRESS	1150 US HWY 1 STE 201
CITY- ST- ZIP	JUPITER FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	140 Intracoastal Pointe Drive, Suite 301
1.4 CITY- ST- ZIP	Jupiter, FL 33477
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
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3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 noted in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my reporting 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: *Judy T. Hudgens* **Judy T. Hudgens, CEO** 1/13/95 407/747-7455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number