

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G77972** (9)

1. Corporation Name  
**CZR, INCORPORATED**



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

2. Principal Place of Business: 21  
 2a. Mailing Address: 26  
 22. State, Apt. #, etc.: 27  
 23. City & State: 28  
 24. Zip: 25 Country: 29 Zip: 30 Country: 30

3. Date Incorporated or Qualified: **01/04/1984**  
 3a. Date of Last Report: **01/20/1995**  
 4. FEI Number: **56-1346848**  
 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  
**IDEN, BRUCE F., ESQ.  
 MILLEDGE, IDEN & SNYDER  
 2100 PONCE DE LEON BLVD., STE 1201  
 CORAL GABLES FL 33134**

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 607.0602 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

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>HUDGENS, JAMES M.</b>
STREET ADDRESS	<b>140 INTRACOASTAL POINTE DRIVE, SUITE 301</b>
CITY-ST-ZIP	<b>JUPITER FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HUDGENS, JAMES M.</b>
STREET ADDRESS	<b>140 INTRACOASTAL POINTE DRIVE, SUITE 301</b>
CITY-ST-ZIP	<b>JUPITER FL</b>
TITLE	<b>STD</b> <input type="checkbox"/> DELETE
NAME	<b>HUDGENS, JUDY T.</b>
STREET ADDRESS	<b>140 INTRACOASTAL POINTE DRIVE, SUITE 301</b>
CITY-ST-ZIP	<b>JUPITER FL</b>
TITLE	<b>C</b> <input type="checkbox"/> DELETE
NAME	<b>HUDGENS, JUDY T.</b>
STREET ADDRESS	<b>140 INTRACOASTAL POINTE DRIVE, SUITE 301</b>
CITY-ST-ZIP	<b>JUPITER FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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 2 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Judy T. Hudgens* **Judy T. Hudgens** 3/4/96 407 747 7455  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)