

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

FILED

Feb 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H14940

(1)

1. Corporation Name
AZZA MOTORS, INC.

Principal Place of Business
% MICHAEL T. AZZARELLO
1020 S. RIDGEWOOD AVE.
EDGEWATER FL 32132

Mailing Address
% MICHAEL T. AZZARELLO
1020 S. RIDGEWOOD AVE.
EDGEWATER FL 32132-2333



2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

24 Country

25

2a. Mailing Address

26 517 MASON AVE.
Suite, Apt. #, etc

27

City & State

28 DAYTONA BCH. FL.

29 Zip

30 Country

31 32117

32 VOLUSIA

3. Date Incorporated or Qualified
08/02/1984

3a. Date of Last Report
04/09/1996

4. FEI Number

59-2458045

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

AZZARELLO, MICHAEL T.
1020 S. RIDGEWOOD AVE.
EDGEWATER FL 32132

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

517 MASON AVE.

83

84 City

DAYTONA BCH.

FL

85 Zip Code

32117

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 by non-printed form of registered agent and the filer applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	AZZARELLO, MICHAEL T.	
STREET ADDRESS	1020 S. RIDGEWOOD AVE.	
CITY-ST-ZIP	EDGEWATER FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	AZZARELLO, MICHAEL T JR	
STREET ADDRESS	1020 SO RIDGEWOOD AVE	
CITY-ST-ZIP	EDGEWATER FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	AZZARELLO, PATRICIA Z.	
STREET ADDRESS	1020 S. RIDGEWOOD AVE.	
CITY-ST-ZIP	EDGEWATER FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	AZZARELLO, VINCENT P., J	
STREET ADDRESS	1020 S. RIDGEWOOD AVE.	
CITY-ST-ZIP	EDGEWATER FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	517 MASON AVE.
1.4 CITY-ST-ZIP	DAYTONA BCH. FL. 32117
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	517 MASON AVE.
2.4 CITY-ST-ZIP	DAYTONA BCH. FL. 32117
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	517 MASON AVE.
3.4 CITY-ST-ZIP	DAYTONA BCH. FL. 32117
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 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 13 if changed, or on an attachment with an address.

SIGNATURE:

Patricia Z. Azzarello Patricia Z. Azzarello

Date

Daytime Phone #

904-253-5826

CR2E034 (9/96)