

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

DOCUMENT # H31730

1. Corporation Name

LAZZARA ADVERTISING, INC.

Principal Place of Business

**3617 MULLEN AVE., #203
P.O. BOX (ZIP 33679-0652)
TAMPA FL 33609**

Mailing Address

**3617 MULLEN AVE., #203
P.O. BOX (ZIP 33679-0652)
TAMPA FL 33609**

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90019 007 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/28/1984

4. FEI Number

59-2471405

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 4002 W. MUNRO

2a. Mailing Address

26 P.O. BOX 10652

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 TAMPA, FL

City & State

28 TAMPA, FL

Zip

24 33603

Country

Zip

29 33679

Country

30 USA

9. Name and Address of Current Registered Agent

**LAZZARA, ANTHONY F.
3617 MULLEN AVE., #203
TAMPA FL 33609**

10. Name and Address of New Registered Agent

81 Name

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

83 4002 MUNRO N.

84 City

TAMPA

FL

85 Zip Code

33603

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 **ANTHONY F. LAZZARA**

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

(NOTE: Registered Agent signature required when re-registering)

Anthony F. Lazzara

1-21-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PSD**
STREET ADDRESS **LAZZARA, ANTHONY F.**
CITY-ST-ZIP **3617 MULLEN AVE #203
TAMPA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **P.O. BOX 10652**
1.4 CITY-ST-ZIP **TAMPA, FL 33679-0652**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Anthony F. Lazzara
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-99 (813) 238-7304
Date Daytime Phone #

CR2E034 (1/198)