

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

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90111 024 ***150.00

DOCUMENT # H38540

1. Corporation Name
OZ CORPORATION

Principal Place of Business
700 W. HILLSBORO BLVD
BLDG 3, SUITE 208
DEERFIELD BEACH FL 33441
US

Mailing Address
700 W. HILLSBORO BLVD
BLDG 3, SUITE 208
DEERFIELD BEACH FL 33441
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/18/1985

4. FEI Number

59-2484083

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 3701 SW COQUINA WAY

Suite, Apt. #, etc.

22 Unit 105

City & State

23 PALM CITY FL

Zip

24 34990

Country

25 USA

2a. Mailing Address

26 3701 SW COQUINA WAY

Suite, Apt. #, etc.

27 Unit 105

City & State

28 PALM CITY FL

Zip

29 34990

Country

30 USA

9. Name and Address of Current Registered Agent

HABERLAND, BERNHARD L.
9824 N.W. 20TH STREET
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name HABERLAND, BERNHARD, L.

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

5068 SW ORCHID BAY DRIVE

83

84 City PALM CITY

FL

85 Zip Code

34990

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

TITLE PST ☐ DELETE

NAME HABERLAND, BERNHARD L.
STREET ADDRESS 9824 N.W. 20TH STREET
CITY-ST-ZIP CORAL SPRINGS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PST ☒ Change ☐ Addition

1.2 NAME HABERLAND, BERNHARD, L.
1.3 STREET ADDRESS 5068 SW ORCHID BAY DRIVE
1.4 CITY-ST-ZIP PALM CITY FL 34990

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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Bernhard Haberland 4/5/99 561 283-6053
Date Daytime Phone #

0346259

CR2F034-111/0A