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**Feb 14 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # H93468 (7)
1. Corporation Name
REMIZZO INC.



Principal Place of Business: **3637 34TH ST., S
ST. PETERSBURG FL 33711**
Mailing Address: **3637 34TH ST., S
ST. PETERSBURG FL 33711-3822**

3. Date Incorporated or Qualified: **01/09/1986**
3a. Date of Last Report: **03/14/1996**
4. FEI Number: **50-2004755-59-2634733**
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

2. Principal Place of Business: **21 4200 Gulf Blvd**
2a. Mailing Address: **26 4903 34th St. S.**
22. Suite, Apt. #, etc.:
27. Suite, Apt. #, etc.:
23. City & State: **St. Pete Beach, FL**
28. City & State: **St. Petersburg, FL**
24. Zip: **33706** 25. Country: **Pinellas**
29. Zip: **33711** 30. Country: **Pinellas**

9. Name and Address of Current Registered Agent
**ROLFE, THOMAS C.
3637 34TH ST. S.
SUITE E
ST. PETERSBURG FL 33711**

10. Name and Address of New Registered Agent
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable): **4903 34th St. S.**
83.
84. City: **St. Petersburg** FL 85. Zip Code: **33711**

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 reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: PT <input type="checkbox"/> DELETE	NAME: ROLFE, THOMAS C.
STREET ADDRESS: 3637 34TH ST. S.	CITY-ST-ZIP: ST. PETERSBURG FL
TITLE: VP <input checked="" type="checkbox"/> DELETE	NAME: ALEXANDER, CHOULS I
STREET ADDRESS: 3637 34TH STREET SOUTH	CITY-ST-ZIP: ST. PETERSBURG FL
TITLE: S <input checked="" type="checkbox"/> DELETE	NAME: BRICKLEY, JAMES M.
STREET ADDRESS: 3637 34TH ST. S.	CITY-ST-ZIP: ST. PETERSBURG FL
TITLE: <input type="checkbox"/> DELETE	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
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: 4903 34th St. S.	1.4 CITY-ST-ZIP: St. Petersburg, FL 33711
2.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	2.2 NAME: Raza Chouls of Sales
2.3 STREET ADDRESS: 910 Pinellas Bayway # 204	2.4 CITY-ST-ZIP: St. Petersburg, FL 33715-2125
3.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	3.2 NAME: Joanna Chouls
3.3 STREET ADDRESS: 910 Pinellas Bayway #204	3.4 CITY-ST-ZIP: St. Petersburg, FL 33715-2125
4.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	4.2 NAME: Gillian Chouls
4.3 STREET ADDRESS: 910 Pinellas Bayway #204	4.4 CITY-ST-ZIP: St. Petersburg, FL 33715-2125
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: **T Thomas C Rolfe** **2-9-97** **813 864-1934**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)