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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **J38440** (0)

1. Corporation Name
OZONA INVESTMENTS, INC.

Principal Place of Business	Mailing Address
2706 1ST STREET SUITE 4 INDIAN ROCKS BEACH FL 34635 US	2706 1ST STREET SUITE 4 INDIAN ROCKS BEACH FL 33785-3148 US

2. Principal Place of Business	2a. Mailing Address
21 1516 1ST ST.	26 1516 1ST ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 3.	27 Suite 3
City & State	City & State
23 Indian Rocks Beach, Fl	28 Indian Rocks Beach, Fl
Zip / Country	Zip / Country
24 33785 25 U.S	29 33785 30 U.S

3. Date Incorporated or Qualified: **10/20/1986**
3a. Date of Last Report: **01/25/1996**

4. FEI Number: **59-2736061** ☐ 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	10. Name and Address of New Registered Agent
OCKUNZZI, WILLIAM A. 2706 1ST STREET SUITE 4 INDIAN ROCKS BEACH FL 34635	81 Name: William Ockunzzi 82 Street Address (P.O. Box Number is Not Acceptable): 1516 1st St 83 Suite 3 84 City: Indian Rocks Beach FL 85 Zip Code: 33785

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: W. Ockunzzi 1/11/97
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WESTERMAN, FRANCIS W. 125 LAUGHING GULL LANE PALM HARBOR FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WESTERMAN, JACQUELINE 125 LAUGHIING GULL LANE PALM HARBOR FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD OCKUNZZI, WILLIAM A. 2706 1ST STREET SUITE 4 INDIAN ROCKS BEACH FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition 1516 1st St Suite 3 Indian Rocks Beach, Fla 33785
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD OCKUNZZI, JAN C. 2706 1ST STREET, SUITE 4 INDIAN ROCKS BEACH FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☒ Change ☐ Addition 1516 1st St, Suite 3 Indian Rocks Beach, Fla 33785
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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: W. Ockunzzi 1/11/97 813-595-7006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #