FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

(6)

B BAR Z INCORPORATED

Principal Place of Business A EDENEDICK T ZAVITZ Mailing Address

% FREDERICK T. ZAVITZ



5556 PALMER SARASOTA FI	BLVD.	5556 PALMER BLVD. SARASOTA FL 34232		3. Date Incorporated or Qualified 02/20/1987	3a. Date of Last Report 03/03/1995	
Deinning) Ding	no of Ruciness	2a. Mailing Address		4. FEI Number	Applied For	
. Thiopartage of Educies		26		59-2791662	Not Applicable	
Suite, Apt. #	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
]		27				
City & State		Ony & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
		28	Country	8. This corporation has liability or	intangible tax under s. 199.032,	
Zφ	Country	Zip	30	Florida Statutes Yes	□ No	
<u> </u>	25	29 Agent	1301	10. Name and Address of New F	tegistered Agent	
	9. Name and Address of Curr	elli negisteled Ageitt	81 Name			
24127	FOROEDICY T			dress (P.O. Box Number is Not Acceptat	ole)	
ZAVITZ, FREDERICK T.			82 Street Ad	dress (F.O. Box Martiner is Moc Association		
5556 PALMER BLVD.			83	83		
SARASC)TA FL 34232				85 Zip Code	
			84 City		FL 85 Zip Code	
				oration submits this statement for the pu	rocco of changing its registered offic	
	o the provisions of Sections 607.05 ed agent, or both, in the State of Fi th, and accept the obligations of, S			oration submits this statement for the pu band of directors. Thereby accept the app	ointment as régistered agent. I am	
SIGNATURE .		7	ytate. Resputance Agent sylilatore resp	urear who inconstantly	DATE	
	Signal we bytest or protect name of my count a	AND DIRECTORS	1 3.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12	
2.	OFFICERS	AND DIRECTORS	1.1 TITLE		Change	
TLE	ZAVITZ, FREDERICK T.		1.2 NAME			
AME	5556 PALMER BLVD.		13 STREET ADDRESS			
TREET ADDRESS	SARASOTA FL		1 4 CITY - ST - ZIP			
(1Y - ST - ZIP	SANASOTATE	[7] DELETE	2 1 TIFLE		Change Addition	
TLF			2 2 NAMi			
AME			2.3 STREET AUDRESS			
TREET ADDRESS			1			
CITY - ST - ZIP		☐ DELETE	2.4 City - ST - ZIP 3.1 T-TLF		☐ Change ☐ Addition	
TITLE					-	
NAME			3.2 NAME			
*******	1		3.5 STREET ADDRESS			

6.4 CHTY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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

3.4 CITY - ST - ZIF

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CiTY - ST - 7(F)

4-1-TIELE

4.2 NAME

5 : HILE

5.2 NAME

6 1 TITLE

62 NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-SI-ZIP

CITY - ST - ZIP

CITY-ST-ZP

TITLE

NAME

TITLE

NAME

TITLE

NAME

Frenchick T 2 Avita

DELETE

DELETE

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Addition

Addition

Addition

Change

Change

Change