

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**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90150 018 \*\*\*158.75

**DOCUMENT # J64843**

1. Corporation Name  
**AZA INC.**



Principal Place of Business

Mailing Address

**2 INDEPENDENT DRIVE  
STORE 212  
JACKSONVILLE FL 32202  
US**

**% DAVID A KING, ATTORNEY  
1416 KINGSLEY AVE.  
ORANGE PARK FL 32073**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/01/1987**

4. FEI Number

**59-2814728**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KING, DAVID, A  
ATTORNEY AT LAW  
1416 KINGSLEY AVE.  
ORANGE PARK FL 32073**

81. Name

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

83.

84. City

**FL**

85. Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD <input type="checkbox"/> DELETE	1:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, AZA LEE	1:2 NAME	
STREET ADDRESS	9009 WESTERN LAKE DRIVE UNIT #1605	1:3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1:4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2:2 NAME	
STREET ADDRESS		2:3 STREET ADDRESS	
CITY-ST-ZIP		2:4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3:2 NAME	
STREET ADDRESS		3:3 STREET ADDRESS	
CITY-ST-ZIP		3:4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4:2 NAME	
STREET ADDRESS		4:3 STREET ADDRESS	
CITY-ST-ZIP		4:4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5:2 NAME	
STREET ADDRESS		5:3 STREET ADDRESS	
CITY-ST-ZIP		5:4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6:2 NAME	
STREET ADDRESS		6:3 STREET ADDRESS	
CITY-ST-ZIP		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: *Aza Lee Green*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)