

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 11:10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J83485** (9)

1. Corporation Name
AZZI CORPORATION

Principal Place of Business: **2455 SE BONITA ST
STUART FL 34997-5003**
Mailing Address: **2455 SE BONITA ST
STUART FL 34997-5003**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/16/1987	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0045749	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business State, Apt. #, etc.	26. Mailing Address State, Apt. #, etc.
22. City & State	27. City & State
24. Zip	25. Country
28. Zip	29. Country

9. Name and Address of Current Registered Agent

**AZZI, GEORGE
2455 BONITA STREET
STUART FL**

10. Name and Address of New Registered Agent

B1. Name	B5. Zip Code
B2. Street Address (P.O. Box Number is Not Acceptable)	FL
B3.	
B4. City	

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 _____

12. OFFICERS AND DIRECTORS

1. NAME	PVS
2. NAME	AZZI, ELIAS S.
3. STREET ADDRESS	7634 SE LANHAM ST.
4. CITY, ST., ZIP	HOBE SOUND FL
5. NAME	
6. NAME	
7. NAME	
8. NAME	
9. NAME	
10. NAME	
11. NAME	
12. NAME	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST., ZIP	
5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. NAME	
8. NAME	
9. NAME	
10. NAME	
11. NAME	
12. NAME	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(b), 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 liquidator empowered to file into this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attached form with an address.

SIGNATURE: Elias S. AZZI
HIGHLY RECOMMENDED BY THE SECRETARY OF STATE

4-30-95 409-2880237

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CORPORATION
ANNUAL REPORT
1995



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

APR 28 1995

DOCUMENT # **J86849** (3)

1. Corporation Name

T.D. REALTY AND FINANCIAL CO., INC.

STATE OF FLORIDA

TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

101 S. WYMORE RD.
SUITE 322
ALTAMONTE SPRINGS FL 32714
US

101 S. WYMORE RD.
SUITE 322
ALTAMONTE SPRINGS FL 32714
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/06/1987** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2834630** 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. 199.052, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. # etc.

State, Apt. # etc.

22

27

City & State

City & State

23

28

City County

City State County

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TURK, CARL
101 S. WYMORE RD.
#322
ALTAMONTE SPRINGS FL 32714

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 607.1108, 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 Sections 607.0503, Florida Statutes.

SIGNATURE

(Signature of Current Agent, if the agent is not the corporation)

(Signature of New Agent, if not the registered corporation)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
12.1 NAME: PSD TURK, CARL 12.2 STREET ADDRESS: 101 S. WYMORE ROAD 12.3 CITY, ST, ZIP: ALTAMONTE SPRINGS FL	13.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME: 13.3 STREET ADDRESS: 13.4 CITY, ST, ZIP:
12.4 NAME: 12.5 STREET ADDRESS: 12.6 CITY, ST, ZIP:	13.5 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.6 NAME: 13.7 STREET ADDRESS: 13.8 CITY, ST, ZIP:
12.7 NAME: 12.8 STREET ADDRESS: 12.9 CITY, ST, ZIP:	13.9 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.10 NAME: 13.11 STREET ADDRESS: 13.12 CITY, ST, ZIP:
12.10 NAME: 12.11 STREET ADDRESS: 12.12 CITY, ST, ZIP:	13.13 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.14 NAME: 13.15 STREET ADDRESS: 13.16 CITY, ST, ZIP:
12.13 NAME: 12.14 STREET ADDRESS: 12.15 CITY, ST, ZIP:	13.17 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.18 NAME: 13.19 STREET ADDRESS: 13.20 CITY, ST, ZIP:

14. I hereby certify that the information reported on this filing is voluntarily furnished and does not equally for the corporation stated in law 1995-106, Florida Statutes. I further certify that the information included 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 that I have or expect to have authority to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the Block Book Change of Incorporation with an address.

SIGNATURE: *Carl Turk* Carl Turk, President
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 407/682-3315