

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K45223

(0)

1. Corporation Name

OUTRAGEOUS PARTNERS, INC.

Principal Place of Business

PO BOX 1209
DANIA FL 33004-1209
US

Mailing Address

PO BOX 1209
DANIA FL 33004-1209
US

3. Date Incorporated or Qualified
11/15/1988

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 8 Wateing PL

Suite, Apt #, etc.

22 City & State

23 Palm Coast, FL

24 Zip

25 32164

26 Country

27 USA

2a. Mailing Address

26 8 Wateing PL

Suite, Apt #, etc.

27 City & State

28 Palm Coast, FL

29 Zip

30 32164

31 Country

32 USA

4. FEI Number
65-0084696

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

D'ABBIERI, CAROL
2877 STIRLING RD
FT LAUDERDALE FL 33312

Lazzano, Carol

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

TITLE ☐ DELETE

NAME
D'ABBIERI, CAROL
STREET ADDRESS
475 SE 14TH ST.
CITY-STATE-ZIP
DANIA FL

TITLE ☐ DELETE

NAME
VP
SALVATORE, LAZZANO
STREET ADDRESS
475 SE 14TH ST
CITY-STATE-ZIP
DANIA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
P Lazzano, Carol
1.3 STREET ADDRESS
8 Wateing PL.
1.4 CITY-STATE-ZIP
Palm Coast, FL 32164

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
VP Lazzano, Salvatore
2.3 STREET ADDRESS
8 Wateing PL
2.4 CITY-STATE-ZIP
Palm Coast, FL 32164

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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:

Carol Lazzano

4/24/97

904-445-3914

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0111726

CR2E034 (9/96)