

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L51994** (6)

1. Corporation Name

CAZIO T-SHIRT DESIGNERS, INC.



Principal Place of Business

**1901 NW 32ND STREET
POMPANO BEACH FL 33064**

Mailing Address

**1801 NW 32ND STREET
POMPANO BEACH FL 33064**

3. Date Incorporated or Qualified

02/20/1990

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2995508

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**FAZIO, STEPHANIE
1630 NE 32ND PLACE
POMPANO BEACH FL FL 33064**

81. Name

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

83

84. City

FL

85. Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 12 NAME

1.2 NAME 13 STREET ADDRESS

1.3 STREET ADDRESS 14 CITY-ST-ZIP

2.1 TITLE 22 NAME

2.2 NAME 23 STREET ADDRESS

2.3 STREET ADDRESS 24 CITY-ST-ZIP

3.1 TITLE 32 NAME

3.2 NAME 33 STREET ADDRESS

3.3 STREET ADDRESS 34 CITY-ST-ZIP

4.1 TITLE 42 NAME

4.2 NAME 43 STREET ADDRESS

4.3 STREET ADDRESS 44 CITY-ST-ZIP

5.1 TITLE 52 NAME

5.2 NAME 53 STREET ADDRESS

5.3 STREET ADDRESS 54 CITY-ST-ZIP

6.1 TITLE 62 NAME

6.2 NAME 63 STREET ADDRESS

6.3 STREET ADDRESS 64 CITY-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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)