

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **L81798** (5)

1. Corporation Name  
**FLORIDAZE, INC.**



Principal Place of Business  
**9090 OVERSEAS HWY  
TAVERNIER FL 33070**

Mailing Address  
**P.O. BOX 1221  
TAVERNIER FL 33070**

3. Date Incorporated or Qualified  
**06/18/1990**

3a. Date of Last Report  
**10/11/1995**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
**65-0200469**

Applied For  
Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

22. City & State

27. City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CATHEY DEBORA L.  
109 GUMBO LIMBO RD  
ISLAMORABA FL 33070**

81. Name **ROBERT W. LANNING**  
82. Street Address (P.O. Box Number is Not Acceptable)  
**174 PLANTATION SHORES DR.**  
83.  
84. City **TAVERNIER** FL 85. Zip Code **33070**

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 117.0505, Florida Statutes.

SIGNATURE

*Robert W. Lanning*

**5-3-96**

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input checked="" type="checkbox"/> DELETE
NAME	DEBORA L. CATHEY	
STREET ADDRESS	109 GUMBO LIMBO RD	
CITY - ST - ZIP	ISLAMORADA FL 33070	
TITLE	YTD	<input checked="" type="checkbox"/> DELETE
NAME	JERALD L. CATHEY	
STREET ADDRESS	109 GUMBO LIMBO RD	
CITY - ST - ZIP	ISLAMORADA FL 33070	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PSVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	ROBERT W. LANNING	
3. STREET ADDRESS	174 PLANTATION SHORES DR.	
4. CITY - ST - ZIP	TAVERNIER FL. 33070	
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY - ST - ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY - ST - ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. 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:

*Robert W. Lanning* (ROBERT W. LANNING) **5-3-96** (305) 852-1432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)