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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

**DOCUMENT** # M22801

(8)

IZZYS BIG AND TALL INC

## **FILED** Apr 21 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 3061 N.E. 163RD ST. 3061 N.E. 163RD ST. NORTH MIAMI BCH FL 33160 NORTH MIAMI BCH FL 33160 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/01/1985 2a. Mailing Address 2. Principal Place of Business FEI Number Applied For 59-2605566 Not Applicable Suite. Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 8. This corporation owes or has paid the current year Intangible Personal Properly Tax due June 30. Xos \(\sigma\) No Zip Country Country Personal Properly Tax due June 30. ☐ No 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent FRANCO, ISRAEL 3061 NORTHEAST 163RD STREET Street Address (P.O. Box Number is Not Acceptable) 82 **NORTH MIAMI BEACH FL 33160** 83 City 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 (NOTE Registered Agent's gnature required when reinstating) Signature, typed or punted name of registered agent and trie it applicable CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE FRANCO, ISRAEL 1.2 NAME NAME 3601 N.E. 163RD ST. STREET ADDRESS 1.3 STREET ADDRESS NORTH MIAMI BCH FL 1.4 CITY-S1-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 THEF NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-S1-ZIP CITY-ST-ZIP Addition DELETE 3 1 11TLF Change NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CHY-S1-2IP CITY-ST-ZIP Change DELFTE Addition 4.1 TOLE TITLE 4. 2 NAME NAME 43 STREET ADDRESS STREET ADDRESS CITY-ST-7IP 4.4 CITY - ST - ZIP DELETE Addition Change 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CiTY - ST - 7/P CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE 6 2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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.

64 CITY-ST-ZIP

4/10/08

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