


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90407 026 ***150.00

DOCUMENT # M59952 1. Entity Name BEZAN PROPERTIES, INC.					
Principal Place of Business 5410 BANYAN DR MIAMI FL 33156			Mailing Address 5410 BANYAN DR MIAMI FL 33156		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0013706 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
6. Name and Address of Current Registered Agent STORN, ANTHONY J. 8603 SOUTH DIXIE HIGHWAY STE.302 MIAMI FL 33143				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete ZANKL, BOB H.			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5410 BANYAN DR			NAME	
STREET ADDRESS	MIAMI FL			STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> Delete ZANKL, BARBARA			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5410 BANYAN DR			NAME	
STREET ADDRESS	MIAMI FL			STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete ZANKL, LINDA LEE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5410 BANYAN DRIVE			NAME	
STREET ADDRESS	MIAMI FL			STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> Delete ZANKL, SANDRA LEE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5410 BANYAN DRIVE			NAME	
STREET ADDRESS	MIAMI FL			STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Sandra Lee Zankl</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 4/5/04	Daytime Phone # 305/445-7906

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MOORE CR2E034 (11/03)