2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE://www.

Feb 09, 2005 8:00 am DOCUMENT # M86085 1. Entity Name **Secretary of State** 02-09-2005 90054 010 ***150.00 SZC, INC. Principal Place of Business Mailing Address 259 LOMBARDY AVENUE LAUDERDALE BY THE SEA FL 33308 259 LOMBARDY AVENUE LAUDERDALE BY THE SEA FL 33308 2. Principal Place of Business 3. Mailing Address 7201 W. Lake 1201 W. 1st MOORE CR2E034 (10/04) City & State 4. FEI Number Applied For 65-0327501 ANAMA (WALE MA (Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SZCZESNIAK, WANDA 259 LEMBARDY AVE LAUDERDALE BY THE SEA FL 33308 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Addition SZCZESNIAK, ROBERT W. NAME NAME STREET ADDRESS 259 LOMBARDY AVE STREET ADDRESS LAUDERDALE BY THE SEA FL 33308 CITY-ST-ZIP CITY-ST-ZIP VPS TITLE ☐ Defete TITLE ☐ Addition SZCZESNIAK, WANDA NAME NAME STREET ADDRESS STREET ADDRESS 259 LOMBARDY AVE CITY-ST-ZIP LAUDERDALE BY THE SEA FL 33308 CITY-ST-ZIP THILE Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADORESS STREET ADDRESS CITY-S1-7IP CITY-ST-7IP Detete TITLE TITLE Change ☐ 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 explowered 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.

FILED