

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:00

DOCUMENT # N50815

(2)

1. Corporation Name

IFTZ CORP

Principal Place of Business

Mailing Address

VETS 4 VETS/ ATTN: DAVID J. FITZGERALD
PO BOX 292585
TEMPLE TERRACE FL 33687

VETS 4 VETS/ ATTN: DAVID J. FITZGERALD
PO BOX 292585
TEMPLE TERRACE FL 33687

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

58-3135349

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FITZGERALD, DAVID J.
2808 UNIVERSITY SQ DR #806
TAMPA FL 33612

81 Name

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

83

84 City

FL

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

DAVID J. FITZGERALD
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	CAMPBELL, A B
STREET ADDRESS	5901 N.E. 21 ROAD
CITY - ST - ZIP	FT. LAUDERDALE FL 33308
TITLE	D
NAME	CRANE, STEPHEN
STREET ADDRESS	403 MAHOGANY DR
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	FOSS, BETTY
STREET ADDRESS	8719 N. MEADOWVIEW CIR.
CITY - ST - ZIP	TAMPA FL 33624
TITLE	CEA
NAME	FITZGERALD, DAVID J
STREET ADDRESS	PO BOX 292585 N/A
CITY - ST - ZIP	TEMPLE TERRACE FL 33687-2585
TITLE	D
NAME	Exley, Joan F. (Mrs. David B.)
STREET ADDRESS	108 Mahogany Road
CITY - ST - ZIP	W. Melbourne, FL 32904
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

David J. Fitzgerald
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 Apr 95

Date

(813) 979-6962

Telephone