


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS																																																	
<b>DOCUMENT # N96000003658 (9)</b> 1. Corporation Name <b>AZIIZI FOUNDATION, INC.</b>																																																			
Principal Place of Business <b>5053 SW BOLLARD AVE</b> <b>STUART FL 34994</b>		Mailing Address <b>5053 SW BOLLARD AVE</b> <b>STUART FL 34997-1825</b>																																																	
2. Principal Place of Business 21 <b>5053 SE BOLLARD AVE</b> Suite, Apt. #, etc. 22 City & State 23 <b>STUART Fla</b> Zip Country 24 <b>34997</b> 25 <b>MARTIN</b>		2a. Mailing Address 26 <b>5053 SE BOLLARD AVE</b> Suite, Apt. #, etc. 27 City & State 28 <b>STUART FL</b> Zip Country 29 <b>34997</b> 30 <b>MARTIN</b>																																																	
3. Date Incorporated or Qualified <b>07/10/1996</b>		3a. Date of Last Report <b>NA</b>																																																	
4. FEI Number <b>65-0695127</b>		Applied For <input type="checkbox"/> Not Applicable																																																	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																																																	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																			
9. Name and Address of Current Registered Agent <b>RESNIK, BERNADETTE</b> <b>5053 SW BOLLARD AVE</b> <b>STUART FL 34994</b>		10. Name and Address of New Registered Agent 81 Name <b>BERNADETTE RESNIK</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>5053 SE BOLLARD AVE</b> 83 84 City <b>STUART</b> <b>FL</b> 85 Zip Code <b>34997</b>																																																	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.																																																			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																			
<b>12. OFFICERS AND DIRECTORS</b>																																																			
<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>				TITLE	<input type="checkbox"/> DELETE	NAME		STREET ADDRESS		CITY - ST - ZIP																																									
TITLE	<input type="checkbox"/> DELETE																																																		
NAME																																																			
STREET ADDRESS																																																			
CITY - ST - ZIP																																																			
<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>				TITLE	<input type="checkbox"/> DELETE	NAME		STREET ADDRESS		CITY - ST - ZIP																																									
TITLE	<input type="checkbox"/> DELETE																																																		
NAME																																																			
STREET ADDRESS																																																			
CITY - ST - ZIP																																																			
<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>				TITLE	<input type="checkbox"/> DELETE	NAME		STREET ADDRESS		CITY - ST - ZIP																																									
TITLE	<input type="checkbox"/> DELETE																																																		
NAME																																																			
STREET ADDRESS																																																			
CITY - ST - ZIP																																																			
<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>				TITLE	<input type="checkbox"/> DELETE	NAME		STREET ADDRESS		CITY - ST - ZIP																																									
TITLE	<input type="checkbox"/> DELETE																																																		
NAME																																																			
STREET ADDRESS																																																			
CITY - ST - ZIP																																																			
<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>				TITLE	<input type="checkbox"/> DELETE	NAME		STREET ADDRESS		CITY - ST - ZIP																																									
TITLE	<input type="checkbox"/> DELETE																																																		
NAME																																																			
STREET ADDRESS																																																			
CITY - ST - ZIP																																																			
<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>				TITLE	<input type="checkbox"/> DELETE	NAME		STREET ADDRESS		CITY - ST - ZIP																																									
TITLE	<input type="checkbox"/> DELETE																																																		
NAME																																																			
STREET ADDRESS																																																			
CITY - ST - ZIP																																																			
<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>				TITLE	<input type="checkbox"/> DELETE	NAME		STREET ADDRESS		CITY - ST - ZIP																																									
TITLE	<input type="checkbox"/> DELETE																																																		
NAME																																																			
STREET ADDRESS																																																			
CITY - ST - ZIP																																																			
<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>																																																			
<table border="1"> <tr> <td>1.1 TITLE</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td><b>VICE PRESIDENT / D</b></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td><b>JOHN M. RESNIK</b></td> </tr> <tr> <td>1.4 CITY - ST - ZIP</td> <td><b>5053 SE BOLLARD AVE.</b></td> </tr> <tr> <td>2.1 TITLE</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td><b>P/O</b></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td><b>BERNADETTE RESNIK</b></td> </tr> <tr> <td>2.4 CITY - ST - ZIP</td> <td><b>5053 SE BOLLARD AVE.</b></td> </tr> <tr> <td>3.1 TITLE</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td><b>S/O</b></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td><b>MARGY BARZ</b></td> </tr> <tr> <td>3.4 CITY - ST - ZIP</td> <td><b>P.O. BOX 9345 "NA"</b></td> </tr> <tr> <td>4.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td><b>PORT ST. LUCIE FL 34985</b></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>4.4 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>5.4 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>6.4 CITY - ST - ZIP</td> <td></td> </tr> </table>				1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.2 NAME	<b>VICE PRESIDENT / D</b>	1.3 STREET ADDRESS	<b>JOHN M. RESNIK</b>	1.4 CITY - ST - ZIP	<b>5053 SE BOLLARD AVE.</b>	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	2.2 NAME	<b>P/O</b>	2.3 STREET ADDRESS	<b>BERNADETTE RESNIK</b>	2.4 CITY - ST - ZIP	<b>5053 SE BOLLARD AVE.</b>	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	3.2 NAME	<b>S/O</b>	3.3 STREET ADDRESS	<b>MARGY BARZ</b>	3.4 CITY - ST - ZIP	<b>P.O. BOX 9345 "NA"</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME	<b>PORT ST. LUCIE FL 34985</b>	4.3 STREET ADDRESS		4.4 CITY - ST - ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME		5.3 STREET ADDRESS		5.4 CITY - ST - ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME		6.3 STREET ADDRESS		6.4 CITY - ST - ZIP	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																		
1.2 NAME	<b>VICE PRESIDENT / D</b>																																																		
1.3 STREET ADDRESS	<b>JOHN M. RESNIK</b>																																																		
1.4 CITY - ST - ZIP	<b>5053 SE BOLLARD AVE.</b>																																																		
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																		
2.2 NAME	<b>P/O</b>																																																		
2.3 STREET ADDRESS	<b>BERNADETTE RESNIK</b>																																																		
2.4 CITY - ST - ZIP	<b>5053 SE BOLLARD AVE.</b>																																																		
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																		
3.2 NAME	<b>S/O</b>																																																		
3.3 STREET ADDRESS	<b>MARGY BARZ</b>																																																		
3.4 CITY - ST - ZIP	<b>P.O. BOX 9345 "NA"</b>																																																		
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																		
4.2 NAME	<b>PORT ST. LUCIE FL 34985</b>																																																		
4.3 STREET ADDRESS																																																			
4.4 CITY - ST - ZIP																																																			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																		
5.2 NAME																																																			
5.3 STREET ADDRESS																																																			
5.4 CITY - ST - ZIP																																																			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.																																																			
<b>SIGNATURE: <u>Bernadette Resnik</u> BERNADETTE RESNIK 3/1/97 561-288-4147</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0072299																																																			

CR2E037 (9/96)