2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000004346

1. Entity Name
AMERICAN ZONING ASSOCIATION, INC.

94081739

Principal Place of Business	Mailing Address
311 NORTH 70 AVE.	311 NORTH 70 AVE.
HOLLYWOOD, FL 33024	HOLLYWOOD, FL 33024

DO NOT WRITE IN THIS SPACE

01052004   No Chg-NP   CR2E037 (10/03)

4. FEI Number		Applied For
65-0979057		Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

OROSZ, LOUIS
311 NORTH 70 AVE.
HOLLYWOOD, FL 33024

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25 **Due by May 1, 2004**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	OROSZ, LOUIS
STREET ADDRESS	311 N 70 AVE.
CITY-ST-ZIP	HOLLYWOOD, FL 33024

TITLE	D
NAME	OROSZ, VIRGINIA
STREET ADDRESS	311 N 70 AVE.
CITY-ST-ZIP	HOLLYWOOD, FL 33024

TITLE	D
NAME	OROSZ, LISEL
STREET ADDRESS	311 N 70 AVE.
CITY-ST-ZIP	HOLLYWOOD, FL 33024

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 617, 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: _Virginia Orosz_   4-29-04   954-966-9888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #