


FILED
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Secretary of State

04-29-2004 90206 027 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000093311

1- Entity Name
HS & LZ MANAGEMENT, INC.




Principal Place of Business Mailing Address

**1200 CLINTMOORE RD
SUITE 10
BOCA RATON, FL 33487**

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SUITE 10
BOCA RATON, FL 33487**

DO NOT WRITE IN THIS SPACE



01192004... No Chg-P... CR2E034 (10/03)

4. FEI Number
30-0062149

Applied For
Not Applicable

5. Certificate of Status Desired **\$6.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SHELLER, HARVEY
1200 CLINTMOORE RD
BOCA RATON, FL 33487**

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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 _____ DATE _____

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

**FILE NOW!!! FEE IS \$160.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHELLER, HARVEY 2917 SO OCEAN BLVD HIGHLAND BEACH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZEITHLIN, LEONARD 11326 MAPLE TREE CT BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 807, 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: Harvey Sheller **4/27/04 561.241.9384**

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