

**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 APR -3 PM 5: 59

DOCUMENT # P19555 (2)

1. Corporation Name  
**AZERTY INCORPORATED**

Principal Place of Business Mailing Address  
**13 CENTRE DRIVE ORCHARD PARK NY 14127**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/07/1988** 3a. Date of Last Report **04/26/1994**  
4. FEI Number **16-1187791** Applied For  Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt. #, etc. 27. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip 28. Zip  
24. Country 25. Country 29. Country 30. Country

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

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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

12. OFFICERS AND DIRECTORS	
TITLE	<del>BURTON, E L</del>
NAME	<del>13 CENTRE DRIVE</del>
STREET ADDRESS	<del>ORCHARD PARK NY</del>
CITY - ST - ZIP	
TITLE	<del>P D</del>
NAME	<del>DUEGER, WILLIAM D</del>
STREET ADDRESS	<del>48 BYWATER DR.</del>
CITY - ST - ZIP	<del>GETZVILLE NY</del>
TITLE	<del>T</del>
NAME	<del>TORTORICE, SAMUEL R</del>
STREET ADDRESS	<del>1023 BASELINE RD.</del>
CITY - ST - ZIP	<del>GRAND ISLAND NY</del>
TITLE	<del>C D</del>
NAME	<del>MCGROARTY, BRUCE</del>
STREET ADDRESS	<del>187 S. WOODWARD AVE. 210</del>
CITY - ST - ZIP	<del>BIRMINGHAM MI</del>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>SECRETARY D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>J. VACHON</b>
1.3 STREET ADDRESS	<b>13 CENTRE DRIVE</b>
1.4 CITY - ST - ZIP	<b>ORCHARD PARK, NY 14127</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 of a change of or an appointment with an address.

SIGNATURE: Samuel R. Tortorice **Samuel R. TORTORICE** 3-17-95 716 662 0200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Time Phone #