FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P25934

1. Corporation Name

DRIZOS INVESTMENTS, INC.

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90178 020 ***150.00



Principal Place	of Business	Mailing Address							
1718 MAIN ST	35 AIRPORT ROAD, SUITE								
SUITE 304 MORRISTOWN NJ 07960						DO NOT WRITE	IN TURE COA	CE	
SARASOTA FL 34236							IN THIS SEA		
US						 Date Incorporated or Qualifed 09/08/1989 			
Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For	
21		26				84-0940766		No	t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					¬ \$	8.75 /	Additional
22	.,	27				5. Certifcate of Status Desired	J *	Fee Re	quired
City & State		City & State				6. Election Campaign Financing	_ 9	5.00	May Be
23		28	8			Trust Fund Contribution]	Added 1	o Fees
Zip Country Zip			Country			8. This corporation owes the current	year Intangib	ite	
24	25	29	30			Personal Property Tax.	<u> </u>		□No
	9. Name and Address of Curre					10. Name and Address of New Reg	istered Ager	nt	
				81	Name				
DRIZOS, NICHOLAS G.						(DO D. N. A. Jahla			
560	BROADWAY		82 Stree			Idress (P.O. Box Number is Not Acceptable	3)		İ
LON	GBOAT KEY FL 34228			83					
				84	City		85	Zip (Code
							FL °`	٠	
11. Pursuant	to the provisions of Sections 607.05	i02 and 607.1508, Florida Statute of Florida, Such change was a	es, the al	bove I hv t	-named co	orporation submits this statement for the pu ation's board of directors. I hereby accept t	rpose of char he appointme	iging its nt as re	gistered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flor	ida Stati	utes.		······································	, ,		-
SIGNATURE									
010111110112	Signature, typed or printed name of registered ag	·		Agent	signature requ	ared when reinstating)	DATE	DEATO	220 111 42
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		Change	Addition
TITLE	PD	☐ DELETE						Cilarige	
NAME	DRIZOS, NICHOLAS G		1.2 NAME		ŀ				
STREET ADDRESS	560 BROADWAY	· ·		REET	ADDRESS				
CITY-ST-ZIP			1.4 CI	TY-ST	-ZIP				
TITLE	•		2.1 11	TLE .			LJ	Change	☐ Addition
NAME	RACASI, GERARD W 222		2.2 NA	ME					I
STREET ADDRESS	130 MOUNTAINSIDE RD 23		2.3 ST	REET.	ADDRESS				
CITY-ST-ZIP	MENDHAM NJ 2.4		2.4 C	ITY-S1	T- Z!P				
TITLE			3.1 TI					Change	Addition
NAME	A STATE OF THE STA		3.2 N	ME					
STREET ADDRESS	700 000 000 000 00		33.ST	REET.	ADDRESS				}
	CITTORI IDO DA			ITY-S1					
CITY-ST-ZIP	VT	☐ DELETE	4.1 TITLE		1-211			Change	☐ Addition
TITLE	WENDT, WENDY A		4. 2 NAME		ļ		_	•	_
NAME	36 TONER ROAD		4.2 NAME		* DDDD505				
STREET ADDRESS									ļ
CITY-ST-ZIP	BOONTON NJ	El perete	4.4 CITY-S		-ZIP			Change	☐ Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME					Chango	
NAME			I.		4000000				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				TY-ST	-ZIP			Character	☐ Addison
TITLE		☐ DELETE	6.1 TI				Ц	Change	☐ Addition
NAME			6.2 NA	WE.	1				
STREET ADDRESS			5.3 S7	REET	ADDRESS				}
	i		6.4.00	TY-ST	- 710				!

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR