

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **P37261** (5)

1. Corporation Name

PAZ, INC.

Principal Place of Business

Mailing Address

**522 N. OHIO CT.
MORTON IL 61550**

**522 N. OHIO CT.
MORTON IL 61550**



3. Date Incorporated or Qualified

01/24/1992

4. FEI Number

54-1383660

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip 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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REYNOLDS, DOUG
4875 NORTH FEDERAL HIGHWAY
FT. LAUDERDALE FL 33308**

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE	D
NAME	DONAIS, BRIAN
STREET ADDRESS	9055 SE WASHINGTON, STE 204
CITY-ST-ZIP	PORTLAND OR

TITLE	D
NAME	HRUBIK, JEFFREY
STREET ADDRESS	C.P. 232 68.100 SANTAREM
CITY-ST-ZIP	PARA BRAZIL

TITLE	D
NAME	HODEL, GAIL
STREET ADDRESS	522 N. OHIO CT.
CITY-ST-ZIP	MORTON IL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

1.1 TITLE	D
1.2 NAME	Ben Hoerr
1.3 STREET ADDRESS	1808 Emerson
1.4 CITY-ST-ZIP	Champaign IL 61821

2.1 TITLE	D
2.2 NAME	Jack Dennison
2.3 STREET ADDRESS	2835 Helmsdale Dr
2.4 CITY-ST-ZIP	Colorado Springs CO 80920

3.1 TITLE	D
3.2 NAME	Jerry Rager
3.3 STREET ADDRESS	8390 John Brown Rd
3.4 CITY-ST-ZIP	Van Wert OH 45891

4.1 TITLE	T
4.2 NAME	Larry Young
4.3 STREET ADDRESS	17650 Charter Pines Dr
4.4 CITY-ST-ZIP	Monument CO 80132

5.1 TITLE	D
5.2 NAME	Ted Custer
5.3 STREET ADDRESS	620 Meadowridge Lane
5.4 CITY-ST-ZIP	St. Louis MO 63122

6.1 TITLE	D
6.2 NAME	Jim Van Drunen
6.3 STREET ADDRESS	15915 Parkside Ave
6.4 CITY-ST-ZIP	South Holland IL 60473

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ted Custer 4-14-98 309-263-2299

CR2E037 (10/97)