## 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 # **P93000001926**1. Corporation Name

OZ GROUP, INC.

## FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90030 024 \*\*\*150.00



Principal Place of Business Mailing Address				# IMM/1007 HA (8/104 HILL SANS BRIS BRIS ABILI A	3 (8(1 <b>)</b> 11812 B111 1001
1907 26TH AVE		1907 26TH AVE			
VERO BEACH FL 32960		VERO BEACH FL 32960			
				DO NOT WRITE IN THIS SPACE	=
	•			3, Date Incorporated or Qualifed 12/31/1992	
2 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
	acc of Business	26		65-0387355	Not Applicable
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.		\$8.	75 Additional
22		27		5. Certificate of Status Desired  Fe	ee Required
City & State		City & State-	-	6. Election Campaign Financing 55	.00 May Be
23		28			ided to Fees
Zip Country			Country	8. This corporation owes the current year Intangible	
24	25	29 30		Personal Property Tax.	s 🗆 No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent	
			81 Name		
STRUB, ROBERT D			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
1907 26TH AVE			O. O. O. O.		
VERO BEACH FL 32960			83		
			84 City	85	Zip Code
			04 City	FL  °°	2.0 0000
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					ng 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	Signature, typed or printed name of registered agei	nt and title if applicable. (NOTE: Regis	stered Agent signature requi	red when reinstating) DATE	6
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRI	
TITLE	Р	☐ DELETE	1.1 TITLE	□ Ch	ange 🗌 Addition 🗧
NAME	strub, robert d		1.2 NAME		3
STREET ADDRESS	1907 26TH AVE		1.3 STREET ADDRESS		}
CITY-ST-ZIP	VERO BEACH FL 32960		1.4 CITY-ST-ZIP		<u></u>
TITLE	ST	☐ DELETE	2.1 TITLE	□ Ch	ange Addition C
NAME	strub, margaret j		2.2 NAME		
STREET ADDRESS	1907 26TH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32960		2. 4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE -	-	DELETE	3.1 TITLE -	~ Ch	ange .
NAME			3.2 NAME		
\$TREET ADDRESS			3.3 STREET ADDRESS		
C/TY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	□ Ch	nange
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	□ Ch	nange
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		1	5.4 CITY-ST-ZIP		
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	6.1 TITLE	□ Ch	nange Addition
NAME			6.2 NAME		
STREET ADDRESS		ŀ	6.3 STREET ADDRESS		
OTHER MEDICESS					

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 on an attachment with an address with all other like empowered.

SIGNATURE: