

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

FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000024123**

1. Corporation Name
KAZAN INTERPRISES INC.
1956 LC CHALK BLVD #11-12

Principal Place of Business
Boynton Beach FL 33436
Mailing Address
**1024 SHADY LAKES CIR
PALM BEACH GARDENS
FL 33418**

3. Date Incorporated or Qualified
1993
3a. Date of Last Report

2. Principal Place of Business
21 4956 LC CHALK BLVD #11-12
Suite, Apt. #, etc.
22 11-12

4. FEI Number
05-0394016
Applied For
☐ Not Applicable

City & State
23 Boynton Beach FL
City & State
28 PALM BEACH GARDENS

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Zip
24 33436
Country
25 P.B.
Zip
29 FL 33418
Country
30 P.B.

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ZAVEN KAZANDJIAN
1024 SHADY LAKES CIR
P.B. GARDENS FL 33418

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 **ZAVEN KAZANDJIAN** DATE **4-5-97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	ZAVEN KAZANDJIAN <input type="checkbox"/> DELETE
NAME	president
STREET ADDRESS	1024 SHADY LAKE CIR
CITY-ST-ZIP	P.B. GARDENS FL 33418
TITLE	ZAVEN KAZANDJIAN <input type="checkbox"/> DELETE
NAME	Vice Pres
STREET ADDRESS	SAME AS ABOVE
CITY-ST-ZIP	SAME AS ABOVE
TITLE	MARC KAZANDJIAN <input type="checkbox"/> DELETE
NAME	Sec Retary
STREET ADDRESS	1024 SHADY LAKES CIR
CITY-ST-ZIP	P.B. GARDENS FL 33418
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	

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*****165.00**

4/10/97

14. I do 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

SIGNATURE: **[Signature]** DATE **4-5-97** DAYTIME PHONE # **561.755.0226**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)