

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01 1996 8:00 am
Secretary of State

DOCUMENT # P93000033724 (4)

1. Corporation Name

AZA IV INC.



Principal Place of Business

2 INDEPENDENT DR.
STORE 212
JACKSONVILLE FL 32202
US

Mailing Address

% DAVID A. KING
1416 KINGSLEY AVE
ORANGE PARK FL 32073

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent

KING, DAVID A
ATTORNEY AT LAW
~~9009 WESTERN LAKE DRIVE #901~~
~~JACKSONVILLE FL 32256~~

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	1416 Kingsley Avenue
84	City
85	Zip Code
Orange Park	FL 32073

11. Pursuant to the provisions of Sections 607.0600 and 607.1500, 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 607.0600, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this statement

Signature of the person who is authorized to sign this statement

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	TITLE	D, P
NAME	GREEN, AZA L	NAME	
STREET ADDRESS	9009 WESTERN LAKE DRIVE #901	STREET ADDRESS	9009 Western Lake Drive #901
CITY-ST-ZIP	JACKSONVILLE FL 32256	CITY-ST-ZIP	Jacksonville, FL 32256
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information is complete, true, and voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 number of business days reported to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if change is, or on annual report with an address.

SIGNATURE: *Aza Lee Green*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Aza Lee Green President

CR2E034 (12/95)