

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Worthington
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

95 MAY -1 AM 4:39

DOCUMENT # P93000034971 (0)

1. Incorporating Report

ITZA GROUP, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
366 145TH AVE MADEIRA BEACH FL 33708		366 145TH AVE MADEIRA BEACH FL 33708	
3. Date incorporated or qualified		3a. Date of last report	
05/13/1993		07/12/1994	
4. FEI Number		Applied For	
59-3187556		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
☐		☐	
6. Election Campaign Financing		\$5.00 May Be Added to Fees	
Trust Fund Contribution		☐	
7. This corporation has liability for intangible tax under § 199.032, Florida Statutes		☐ Yes ☐ No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RICHARDS-MCCLAIN, SUSAN 366 - 145TH AVE. MADEIRA BCH. FL 33708		B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code	
11. Pursuant to the provisions of Sections 607.0607 and 607.1606, 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 607.0605, Florida Statutes.			
SIGNATURE			

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 12)	
12.1 NAME	D RICHARDS-MCCLAIN, SUSAN	13.1 NAME	☐ Change ☐ Addition
12.2 STREET ADDRESS	366 145TH AVE	13.2 STREET ADDRESS	
12.3 CITY, ST, ZIP	MADEIRA BEACH FL 33708	13.3 CITY, ST, ZIP	
12.4 NAME	D ALLEN, VALERIE	13.4 NAME	☐ Change ☐ Addition
12.5 STREET ADDRESS	328 COLUSO	13.5 STREET ADDRESS	
12.6 CITY, ST, ZIP	WINTER GARDEN FL 32787	13.6 CITY, ST, ZIP	
12.7 NAME		13.7 NAME	☐ Change ☐ Addition
12.8 STREET ADDRESS		13.8 STREET ADDRESS	
12.9 CITY, ST, ZIP		13.9 CITY, ST, ZIP	
12.10 NAME		13.10 NAME	☐ Change ☐ Addition
12.11 STREET ADDRESS		13.11 STREET ADDRESS	
12.12 CITY, ST, ZIP		13.12 CITY, ST, ZIP	
12.13 NAME		13.13 NAME	☐ Change ☐ Addition
12.14 STREET ADDRESS		13.14 STREET ADDRESS	
12.15 CITY, ST, ZIP		13.15 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.01(2) and 119.01(3), Florida Statutes. Further, I certify that the information is true and correct to the best of my knowledge and belief, 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 person or persons authorized to execute this report as required by Chapter 119, Florida Statutes, and that my name appears in Block 1, or Block 1, of this filing, or as an attachment with an address.

SIGNATURE: *Susan Richards-McClain*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
2/2/95 (813) 397-4400

