FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Apr 08 1996 8:00 am
Secretary of State

DOCUMENT # **P93000041156 (9)**

1. Corporation Name

EMZA, INC.

Principal Place of Business	Mailing Address
1200 S PINE ISLAND RD SUITE 600 PLANTATION FL 33324	1200 S PINE ISLAND RD SUITE 600 PLANTATION FL 33324

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: **06/10/1993**

3a. Date of Last Report: **02/07/1995**

4. FEI Number: **65-0421565** ☐ Applied For ☐ Not Applicable

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

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

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): **1200 S. Pine Island Rd.**

83 **Suite 250**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FINDEISS, J C		1.2 NAME	
STREET ADDRESS	1200 S PINE ISLAND RD SUITE 600		1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ZAMBETTI, JOHN		2.2 NAME	
STREET ADDRESS	725 ARIZONA AVE SUITE 204		2.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA MONICA CA		2.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WEINSTEIN, VICTOR J		3.2 NAME	
STREET ADDRESS	1200 S. PINE ISLAND ROAD SUITE 600		3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MCCLEARY JR., GEORGE W		4.2 NAME	
STREET ADDRESS	1200 S. PINE ISLAND ROAD SUITE 600		4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324		4.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BLANFORD, MARY ANN		5.2 NAME	
STREET ADDRESS	1200 S. PINE ISLAND ROAD SUITE 500		5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Mary Ann Blanford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary Ann Blanford 3/20/96 **(954)475-1300**
Date Daytime Phone #