FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

$208.75

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:38

DOCUMENT # **P93000061821 (3)**

1. Corporation Name
LAZYDAZE OF SOUTH FLORIDA INC.

Principal Place of Business	Mailing Address
1181 S FEDERAL HWY DEERFIELD BEACH FL 33441	1181 S FEDERAL HWY DEERFIELD BEACH FL 33441

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/30/1993
3a. Date of Last Report: 07/12/1994

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: 65-0435014 — ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☑ — $8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
Zip 24 / County 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

DERIAN, WILLIAM V
1181 S FEDERAL HWY
DEERFIELD BEACH FL 33441

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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTD	11 TITLE		☐ Change ☐ Addition
NAME	DERIAN, WILLIAM V	12 NAME		
STREET ADDRESS	414 NE 2ND ST	13 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH FL 33441	14 CITY-ST-ZIP		
TITLE	VATD	21 TITLE	CO-PRESIDENT ASST TREASURER + ASST SECRETARY	☑ Change ☐ Addition
NAME	DERIAN, AMELIA F	22 NAME		
STREET ADDRESS	1015 SE 4 CT	23 STREET ADDRESS	SAME	
CITY-ST-ZIP	DEERFIELD BCH FL 33441	24 CITY-ST-ZIP		
TITLE	~~VATD~~	31 TITLE	-RESIGNED- -DELETE-	☑ Change ☐ Addition
NAME	~~SQUILLACE, DAN G~~	32 NAME		
STREET ADDRESS	~~1015 SE 4 CT~~	33 STREET ADDRESS		
CITY-ST-ZIP	~~DEERFIELD BCH FL 33441~~	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(i), Florida Statutes. Further I certify that the information indicated on this 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: William V Derian — WILLIAM V. DERIAN — 1/12/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date

20875 MANY COPIES

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