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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000081912

FILED Feb 01, 1999 8:00am Secretary of State

02-01-1999 90041 024 ***150.00

1. Corporation N	lame	· · ·				
RAZAMAT	AZ ENTERPRISES INC.				.	
		Mailing Address		-		
Principal Place of Busiless						
140 NE 20TH ST. BOCA RATON FL 33431 BOCA RATON FL 33431					DO NOT WRITE IN THIS SPACE	_
BOCA RATUN FL	, 33431 				3. Date Incorporated or Qualifed	
	4				11/22/1993	_
		2a. Mailing Address		 	4 FEI Number Applied For	43
2. Principal Place of Business			1		65-0451747 Not Applicable	
21		Suite, Apt. #, etc.			5. Certificate of Status Desired	1 2
Suite, Apt. #	, etc.	27				\dashv
22 State		City & State			6. Election Campaign Financing Added to Fees	ì
City & State					Trust Fund Contribution	\exists
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible; Personal Property Tax. □ No □ N	
24	25	23	30	·	10. Name and Address of New Registered Agenti	긔
	9 Name and Address of Current	Registered Agent	81	Name		
	TO LINDA				dress (P.O. Box Number is Not Acceptable)	\dashv
RITZE	ER, LINDA NE 4TH AVE		82	Street Add	dress (P.O. Box Number is not reconstruction of the second	
	A RATON FL 33432	•	83	 	· · · · · · · · · · · · · · · · · · ·	4
600	A DATON I E OCTOE			0.1	85 F ip Code	31
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<u></u>	of Sections 607 050	2 and 607,1508, Florida Statut	es, the abov	e-named con	proporation submits this statement for the purpose of changing its registered	1
1 44 Purguant 1	to the provisions of Sections of Sector	A Flanda - Quich change was a	uthorized by	the corporat	ation's board of directors.	
office or re	egistered agent, or both, in the State	tions of Section 607 0505. Flo	rida Statutes	š.	・ 大き 計画 連続	
office or re agent. I ar	egistered agent, or both, in the State of the familiar with, and accept the obligation	tions of, Section 607.0505, Flo	rida Statutes	S.	proporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	
1	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE	: Registered Age	S. Int signature requir	DATE 124	_
1	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE	Registered Age	s. Int signature requir	uired when reinstating). DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 BY TO Large ☐ Additional Control of the Co	
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE	13.	nt signature requir	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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14. I 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 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 or supplemental annual report or supplemental annual report is report as required by Chapter 607, Florida Statutes, and that my name appears in 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, with all other like empowered.

SIGNATURE

S CONTROL OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1499 (561)38 979 X

32E034 (11/98),