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Apr 08, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000005859  
1. Corporation Name  
LAZY RAYZ, Inc

Principal Place of Business Mailing Address  
712 S. Atlantic Ave 712 S. Atlantic Ave.  
Ormond Beach, Fl. 32176 Ormond Beach, Fl. 32176

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified  
1-1-94  
4. FEI Number Applied For  
59-3213865 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  
8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent  
John Paspalakis  
712 S. Atlantic Ave.  
Ormond Beach, Fl. 32176

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code FL

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 John Paspalakis DATE 4-21-99  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	DELETED
Pres. Tres	John Paspalakis	<input type="checkbox"/>
712 S. Atlantic Ave.		
Ormond Beach, Fl. 32176		
V. Pres. Sec	Urania Paspalakis	<input type="checkbox"/>
712 S. Atlantic Ave.		
Ormond Beach Fl. 32176		
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	DELETED	Change	Addition
1.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 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 with all other like empowered.

SIGNATURE: X John Paspalakis  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2034-417 (08)