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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P9400008976 (0)

LONZIERS INC.

FILED Apr 07 1998 8:00am Secretary of State



Subs. April # 80 22	Principal Place	of Business	Mailing Address				YMERE MARKE AMENI INIKA 18	1441 L eono G ill 1 02 1
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Select Appl. 1, 60 South	21 1304	No Pineniis Rd.	26 1304 No.Pi	nehil	ls Rd.	65-0467767		Not Applicable
City & State Country Country Zip Added to Fees As this corporation owes or has paid the country keer transgible Personal Property Tax clue June 30. yes No Name and Address of Unernal State ROZIER, SHIRLEY A 812 Street Address (P.O. Box Number is Not Acceptable) ROZIER, SHIRLEY A 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 85 Zip Code City FL 85 Zip Code City Tip Pursuant to the provisions of Sections 607 0502 and 607, 1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I are immitted with, and accept the obligations of, Section 607 0505, Florida Statutes, the above-named corporations but and directors. Thereby accept the epiperinaried as registered agent. I are immitted with, and accept the obligations of, Section 607 0505, Florida Statutes, the above-named corporations but and directors. Thereby accept the epiperinaried as registered agent. I are immitted with, and accept the obligations of, Section 607 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered Statutes, the acceptance of changing its registered agent. I are immitted with, and accept the obligations of, Section 607 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I are immitted as registered agent. I are immitte	Suite, Apt. :	#, etc.	Suite, Apt. #, etc.				471	-
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82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 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 agent. In the State of Household Such Change was subhotized by the corporation's board of directors. I hereby accept the appointment as registered agent. In members with an adversariation appointment as registered agent. In members with an adversariation of Sections 607.0505, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 1 thirty 1 t	Ri				31 Name		<u></u>	
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11. Pursuant to the provisions of Soctions 607.05.02 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, an amazina minimal with, and accept the obligations of, Soction 607.0505, Florida Statutes. SIGNATURE Signature types or purpor name of registered agent and site is appointant. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. WAME 13. SINKET ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. WAME 15. SINKET ADDRESS 15. SINKET ADDRESS 16. HOPE CIRCLE 25. SIKET ADDRESS 16. HOPE CIRCLE 25. SIKET ADDRESS 16. HOPE CIRCLE 35. SIKET ADDRESS 17. ST-2P	14	****** BINDERSON OF THE COUNTY		1	33			
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14. Thereby certify that the information supplies 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 supplier that a niqual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of My 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 chapted or your attachment with an address.	officer or d	firector of the corporation of the recei	iver or trustee empowered to	execute th	is report as req	quired by Chapter 607, Florida Statutes; ε	and that my name	appears in