

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000033114 (7)

1. Corporation Name

ZAZU, A NEW ATTITUDE, INC.

Principal Place of Business

**239 5TH AVE
INDIALANTIC FL 32909**

Mailing Address

**239 5TH AVE
INDIALANTIC FL 32909**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1994

3a. Date of Last Report

2. Principal Place of Business

21
State, Apt # etc

2a. Mailing Address

26
State, Apt # etc

4. FEI Number

59-3246465

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 is exempt from paying the annual fee under Chapter 607, Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MELENZ, CHRISTINE T
239 5TH AVE
INDIALANTIC FL 32909**

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 607.0502, Florida Statutes.

SIGNATURE

(Signature must be signed and registered agent will be registered)

(Signature must be signed and registered agent will be registered)

12. OFFICERS AND DIRECTORS

12.1 NAME	D
12.2 NAME	MELENZ, CHRISTINE T
12.3 STREET ADDRESS	951 GRAINGER ST SE
12.4 CITY, ST, ZIP	PALM BAY FL 32909
12.5 NAME	
12.6 NAME	
12.7 NAME	
12.8 NAME	
12.9 NAME	
12.10 NAME	
12.11 NAME	
12.12 NAME	
12.13 NAME	
12.14 NAME	
12.15 NAME	
12.16 NAME	
12.17 NAME	
12.18 NAME	
12.19 NAME	
12.20 NAME	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME	P	☒ Change	☐ Addition
13.2 NAME	MELENZ, CHRISTINE T		
13.3 STREET ADDRESS	951 GRAINGER ST SE		
13.4 CITY, ST, ZIP	PALM BAY, FL 32909		
13.5 NAME	VP (CV)	☐ Change	☒ Addition
13.6 NAME	MELENZ, JANET D		
13.7 STREET ADDRESS	930 HATTARASTER SE.		
13.8 CITY, ST, ZIP	PALM BAY, FL 32909		
13.9 NAME	SEST/TREAS (S/T)	☐ Change	☒ Addition
13.10 NAME	BOASCI, THERESA E.		
13.11 STREET ADDRESS	930 HATTARASTER SE.		
13.12 CITY, ST, ZIP	PALM BAY, FL 32909		
13.13 NAME		☐ Change	☐ Addition
13.14 NAME			
13.15 STREET ADDRESS			
13.16 CITY, ST, ZIP			
13.17 NAME		☐ Change	☐ Addition
13.18 NAME			
13.19 STREET ADDRESS			
13.20 CITY, ST, ZIP			

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and true, not guilty for the information stated in Chapter 607, Florida Statutes. I further certify that the information is included in this annual report or supplemental annual report or 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 this corporation or the receiver or trustee empowered to receive this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12, or Block 13, or on an attachment with an address.

SIGNATURE:

Theresa E. Boaschi (E.)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
THERESA E. BOASCI

4/27/95 407-729-0266