

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000040269 (0)

1. Corporation Name

GAZARO, INC.



Principal Place of Business

4930 HI VISTA CIR
TAMPA FL 33625

Mailing Address

4930 HI VISTA CIR
TAMPA FL 33625

2. Principal Place of Business

21 13204 BURNES LAKE DR

Sub: Apt. #, etc.

22

City & State

23 TAMPA, FLORIDA

Zip

Country

24 33612

25

2a. Mailing Address

26 13204 BURNES LAKE DR

Sub: Apt. #, etc.

27

City & State

28 TAMPA, FLORIDA

Zip

Country

29 33612

30

3. Date Incorporated or Qualified

05/27/1994

3a. Date of Last Report

11/13/1995

4. FEI Number

59-3246470

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

STULL, R. JEFFREY
602 S BLVD
TAMPA FL 33606

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 607.0503, Florida Statutes.

SIGNATURE

Signature of the person filing this report (must be the registered agent or a director)

Signature of Registered Agent (must be included when registering)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

NAME
STREET ADDRESS
CITY-STATE-ZIP
DVPS
LAZARO, PEDRO L
13204 BURNES LAKE DR
TAMPA FL 33612

☐ DELETE

2. TITLE

NAME
STREET ADDRESS
CITY-STATE-ZIP
DPT
GARCIA, GEORGE
4930 HI VISTA CIR
TAMPA FL 33625

☒ DELETE

3. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

4. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

5. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

6. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

7. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96

813-932-0975

CR2E034 (12/95)