FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000073340 (9)

FILED Feb 13 1998 8:00am Secretary of State

HAZMA	IT SERVICES, INC.				
Principal Plac	e of Business	Mailing Address		- r ikkoriaki ika ikhik birki zaki betir betir betir batir sa	BAN NIME WIN MENIC MASS IN ST
60 N. MANTOR AVE. TITUSVILLE FL 32786		60 N. MANTOR AVE. TITUSVILLE FL 32796		DO NOT WRITE IN THIS SPACE	
1				3. Date Incorporated or Qualified	331102
				09/30/1994	
⊢ :	Place of Business	2a. Mailing Address	1255	4. FEI Number	Applied For
Suite, Apt W. etc		26 P.O. Box	1355	59-3272418	Not Applicable
22		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28 Titusvii	1/e FL	Trust Fund Contribution	Added to Fees
Zıp	Country	7(0)	Country	\$. This corporation owes or has paid the c	
24	[25]		o USA	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
	9. Name and Address of Curre	nt Hegistered Agent	B1 Name	10. Name and Address of New Registered	o Agent
	INEY, JEFFREY L N. MANTOR AVE.				
	USVILLE FL 32798		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
] ""	OUTCOL 1 E OLI VO		83		
i			84 City		85 Zip Code
				Fi	<u>L </u>
11. Pursuant office or	to the provisions of Sections 607.05 registered agent, or both in the State	02 and 607.1508, Florida Statutes e of Florida, Such change was au	the above-named corp	oration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its registered
agent. La	im familiar with, and accept the oblic	jations of, Section 607.0505, Flori	da Statules.		
SIGNATURE	Signature, typed or printed mane of regetered leg	100 4 10 100 100 100 100 100 100 100 100	Registered Agent signature requir	ed when reinstating) DATE	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE		Change Addition
NAME	RAINEY, JEFFREY L.		1.2 NAME		
STREET ADDRESS	60 N. MANTOR AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL		1.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	2.1 TITLE		Change Addition
NAME	RAINEY, MARTHA JUNE		2 2 NAME		
STREET ADDRESS	60 N. MANTOR AVE.		2.3 STREET ADDRESS	. •	
CITY-ST-ZIP TITLE	TITUSVILLE FL	DELETE	2 4 CITY-ST-ZIP 3 1 TITLE		Change Addition
NAME		La occide	3 2 NAME		Shargo riddition
STREET ADDRESS			3.3 STREET ADDRESS		ļ
CITY-S1-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP		- v · · · · · · · · · · · · · · · · · ·	4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADORESS			5 3 STREET ADDRESS		ļ
CITY-ST-ZIP TITLE		DELETE	54 CITY-ST-ZIP 61 TITLE	······································	Change Addition
NAME		בן אננונ	62 NAME		בו יייייייייייייייייייייייייייייייייייי
STREET ADDRESS			6.3 STREET ADDRESS		ļ
1 CONCET NOTONESS	l		U.S STILLET REDDIESS		

14. Thereby 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 13 in changed, or on an attachmost beginning that the information is the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

John & Keende

2-5-98

407-269-3304

R2E034 (10/97)