

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P94000086609

1. Corporation Name

KAZ OF CHARLOTTE COUNTY, INC.

Principal Place of Business

**414 CORTEZ DRIVE
PUNTA GORDA FL 33950
US**

Mailing Address

**414 CORTEZ DRIVE
PUNTA GORDA FL 33950
US**

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90010 015 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/28/1994

4. FEI Number

65-0536440

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

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
24 **25**

28 Zip Country
29 **30**

9. Name and Address of Current Registered Agent

**HOLLAND, STEVE
414 CORTEZ DRIVE
PUNTA GORDA FL 33950**

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11 ☒ DELETE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
D
HOLLAND, STEVE
414 CORTEZ DRIVE
PUNTA GORDA FL

21 ☐ DELETE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
DOLORES KAZLAUSKAS
1417 PINE ISLAND CT
PUNTA GORDA FL 33950

31 ☐ DELETE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 ☐ DELETE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 ☐ DELETE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 ☐ DELETE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dolores Kazlauskas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dolores Kazlauskas 4/17/99 941-575-2522
Date Daytime Phone #

CR2E034 (1/98)