

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000088403 (8)**

1. Corporation Name

INDUSTROZONE TECHNOLOGIES, INC.



Principal Place of Business

**1601 W. MARION AVE.
SUITE 203
PUNTA GORDA FL 33950**

Mailing Address

**1601 W. MARION AVE.
SUITE 203
PUNTA GORDA FL 33950**

3. Date Incorporated or Qualified
12/06/1994

3a. Date of Last Report
08/14/1995

2. Principal Place of Business

21. Suite, Apt. #, etc.
Suite 103

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. Suite, Apt. #, etc.
Suite 103

27. City & State

28. Zip

29. Country

4. FEI Number
65-0542170

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

**KONIDES, JIM
1601 W. MARION AVE.
SUITE 203
PUNTA GORDA FL 33950**

10. Name and Address of New Registered Agent

81. Name
KONIDES, JIM
82. Street Address (P.O. Box Number is Not Acceptable)
1601 W. MARION AVE
83. Suite
SUITE 103
84. City
PUNTA GORDA
85. Zip Code
FL 33950

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 607.0506, Florida Statutes.

SIGNATURE

[Signature]

JIM KONIDES

4/29/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	KONIDES, JIM	1601 W. MARION AVE., SUITE 203	PUNTA GORDA FL 33950	☐
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. DELETE
OP				☐
				☐
				☐
				☐
				☐
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

DATE

CR2E034 (12/95)