

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 # P94000091609 (5)

1. Corporation Name

DAZSER/NC CORPORATION



Principal Place of Business

2600 MCCORMICK DR
SUITE 320
CLEARWATER FL 34619

Mailing Address

2600 MCCORMICK DR
SUITE 320
CLEARWATER FL 34619

3. Date Incorporated or Qualified
12/19/1994

3a. Date of Last Report
02/24/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

4. FEI Number

59-3285424

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

ROESCH, STEPHEN
2600 MCCORMICK DRIVE
SUITE 320
CLEARWATER FL 34619

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 of Registered Agent (Required)

Signature of Registered Agent (Required when not the same as above)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE ☐ DELETE

NAME
D ROESCH, STEPHEN E
STREET ADDRESS
2600 MCCORMICK DR SUITE 320
CITY, ST, ZIP
CLEARWATER FL 34619

12.2 TITLE ☐ DELETE

NAME
D ZILLIG, DAVID E
STREET ADDRESS
2600 MCCORMICK DR SUITE 320
CITY, ST, ZIP
CLEARWATER FL 34619

12.3 TITLE ☐ DELETE

NAME
D BRADY, TERRANCE L
STREET ADDRESS
3092 HILLSIDE LN
CITY, ST, ZIP
SAFETY HARBOR FL 34695

12.4 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.5 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.6 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.7 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

13.5 TITLE ☐ Change ☐ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY, ST, ZIP

13.9 TITLE ☒ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY, ST, ZIP

13.13 TITLE ☐ Change ☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY, ST, ZIP

13.17 TITLE ☐ Change ☐ Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY, ST, ZIP

13.21 TITLE ☐ Change ☐ Addition

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY, ST, ZIP

13.25 TITLE ☐ Change ☐ Addition

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY, ST, ZIP

13.29 TITLE ☐ Change ☐ Addition

13.30 NAME

13.31 STREET ADDRESS

13.32 CITY, ST, ZIP

5008 Hillary Place
Charlotte, NC 28270

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:

Stephen Roesch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/96 (813)797-7744

DATE ORIGINAL PHONE

CR2E034 (12/95)