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

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Saridra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

P94000093124 (3) **DOCUMENT #**

1. Corporation Name

PZN INC.

Principal	Place of	Business
-----------	----------	----------



Principal Place of B	1134 ng 7 nadroso			a sautrage sie state mitte dater dater dater måter telem til 16 16 16 16 16 16 16 16 16 16 16 16 16			
7061 S. TAMIAMI SARASOTA FL 34	S. TAMIAMI TRAIL. STE. 110 7061 S. TAMIAMI TRAIL. STE. 110 ASOTA FL 34231 SARASOTA FL 34231			,			
0.00					3. Date incorporated or Qualified 01/01/1995	3a. Date	of Last Report
2. Principal Place o	of Business	2a. Mailing Address			4. FEI Number 65-05 44	シリフ	Applied For
Suite, Apt. #, etc	2.	Suite, Apt. #, etc.					Not Applicate \$8.75 Additional
22		[27]			5. Certificate of Status Desired		Fee Required
City & State		City & State			6. Election Campaign Financing		\$5.00 May Be
Zip	Country	28 Zip	Country	,	Trust Fund Contribution		Added to Fees
24	25	29	30		8. This corporation has liability for Florida Statutes Yes		x under s. 199.032,
9.	Name and Address of Cur	ent Registered Agent		T	10. Name and Address of New		gent
GARDI, LES			81	Name			
7061 S. TAN	IIAMI TRAII		82	Street Addr	ress (P.O. Box Number is Not Accepta	ole)	
SARASOTA			83				
	,				77.74.1		
			84	1		FI	85 Zip Code
11. Pursuant to the or registered an	provisions of Sections 607.05	02 and 607.1508, Florida Statuti	es, the above-r	named corpor	ration submits this statement for the pu		 nging its registered offi
familiar with, an	d accept the obligations of, Se	oction 607.0505, Florida Statutes	ea by the corp s.	oration's boar	ration submits this statement for the purific of directors. I hereby accept the app	ointment as i	registered agent. I am
SIGNATURE	ro typod or printed have of registered ag	To the second of the second of the second of					
12.		ND DIRECTORS (NO	13.	if signature required		DATE	
TITLE P	coulent	DELETE	1. 1 TITLE		ADDITIONS/CHANGES TO OFF		DIRECTORS IN 12 Change Addition
NAME P	an1 2 Nova	<i>k</i> 7	1.2 NAME			L	I change [] Addition
STREET ADDRESS 4	coolant and 2 Nova 415 5614 St radenton Fl	W	1.3 STREET	ADDRESS			
CHY-ST-ZIP /3	rudenton Fl	39210	1.4 CITY - S	1-2IP			
NAME		DETE LE	2 1 TITLE				Change Addition
STREET ADDRESS			2.2 NAME				
CITY-ST-ZIP			23 STREET				
TITLE		☐ DELETE	3 1 TITLE	1-74	- mu		Change Addition
NAME			32 NAME			L	Louride FT Modifical)
STREET ADDRESS			33 STREET	ADDRESS			
CITY-ST-ZIP TITLE		FT 551 534	3.4 C/TY-S1	[-ZiP			
NAME		☐ DELETE	4. 1 Title				Change Addition
STREET ADDRESS			4.2 NAME	1000566			
CITY-ST-ZIP			4.3 STREET A				
TITLE	THE RESERVE TO THE RE	DELETE	5 1 TITLE	- £)r'			Change Addition
NAME			5 2 NAME			LJ	avende [1] Monified
STREET ADDRESS			5 3 STREET A	ADDRESS			
CITY-ST-ZIP			5 4 CITY - ST	- ZIP			
TITLE		DELETE	6 1 TITLE				Change Addition
NAME STREET ADDRESS			6.2 NAME				
STREET ADDRESS CITY-ST-ZIP			6.3 STREET A	1			
	y that the information supplied	with this filing is voluntarily furnis	€.4 City - ST shed and done	-7IP	the execution state of the control o		

certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida 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 logal effect as if made under appears in Block 12 or Block 10 if changed, or on an attachment with an address.

SIGNATURE:

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941 925-2099