

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

FILED

Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morthenson Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000093515 (2)**

1. Corporation Name
EZ2CY OF SOUTH FLORIDA, INC.



Principal Place of Business 1194 OLD DIXIE HWY LAKE PARK FL 33403	Mailing Address 1194 OLD DIXIE HWY LAKE PARK FL 33403-2346
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3. Date Incorporated or Qualified 12/27/1994	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 1700 Avenue L Suite, Apt. #, etc.	2a. Mailing Address 26 1700 Avenue L Suite, Apt. #, etc.	4. FEI Number 65-0539474 Applied For Not Applicable
22 City/State Riviera Beach	27 City/State Riviera Beach	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip 33404 Country US	28 Zip 33404 Country US	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

JONES, JEAN
5004 DE PINE RIDGE WAY
STUART FL 34997

10. Name and Address of New Registered Agent

81 Name Robert Laycock	85 Zip 33410
82 Street Address (P.O. Box Number is Not Acceptable) 3215 Meridian Way N # D	
83	
84 City PALM BEACH GARDENS FL	

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 and true if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE
1/12/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BLACKWELL, CLARENCE A		1.2 NAME	SAME AS Registered Agent
STREET ADDRESS 326 1ST ST., SUITE 30		1.3 STREET ADDRESS	
CITY-ST-ZIP ANNAPOLIS MD 31403		1.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, JEFFREY		2.2 NAME	
STREET ADDRESS 371 ALEMEDA PKWY.		2.3 STREET ADDRESS	
CITY-ST-ZIP ARNOLD MD 31012		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
1/12/97
DAYTIME PHONE
8488606

CR2E034 (9/96)