

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 # P95000005027 (4)

1. Corporation Name

SCOOZI BEACH INC.



Principal Place of Business

2075 N.E. INDIAN RIVER DR.
JENSEN BEACH FL 33457

Mailing Address

2075 N.E. INDIAN RIVER DR.
JENSEN BEACH FL 33457

3. Date Incorporated or Qualified
01/17/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

34957

Country

MARTIN

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

34957

Country

MARTIN

4. FEI Number

65-0545186

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

CROKE, JOSEPH F
9108-A SUN TERRACE CIRCLE
LAKE PARK FL 33403

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2075 NE INDIAN RIVER DRIVE

83

84 City

JENSEN BEACH

FL

85 Zip Code

34957

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 reissuing.)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME CROKE, JOSEPH F
STREET ADDRESS 9108-A SUN TERRACE CIRCLE
CITY-ST-ZIP LAKE PARK FL 33403

TITLE V ☒ DELETE

NAME THIBODEAU, J.S. ROBERT
STREET ADDRESS 42 ANDROS RD.
CITY-ST-ZIP PALM SPRINGS FL 33461

TITLE V ☐ DELETE

NAME CRESENZI, WALTER
STREET ADDRESS 23172 OLD INLET BRIDGE DR.
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 2075 NE INDIAN RIVER DRIVE

1.4 CITY-ST-ZIP JENSEN BEACH FL. 34957

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE SECRETARY ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 2075 NE INDIAN RIVER DRIVE

3.4 CITY-ST-ZIP JENSEN BEACH FL. 34957

4.1 TITLE VICE-PRESIDENT ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS JOHN CROKE 2075 NE INDIAN RIVER DRIVE

4.4 CITY-ST-ZIP JENSEN BEACH FL. 34957

5.1 TITLE TREASURER ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS ROBERT MUZZO 2075 NE INDIAN RIVER DRIVE

5.4 CITY-ST-ZIP JENSEN BEACH FL. 34957

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Robert S. Muzzo

ROBERT S. MUZZO

TREAS

3-17-96

407-225-0700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)