

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90151 004 ***150.00

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DOCUMENT # P95000005027

1. Corporation Name
SCOOZI BEACH INC.

Principal Place of Business

**2075 N.E. INDIAN RIVER DR.
JENSEN BEACH FL 34957
US**

Mailing Address

**2075 N.E. INDIAN RIVER DR.
JENSEN BEACH FL 34957
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1995

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CROKE, JOSEPH F
2075 NE INDIAN RIVER DR
JENSEN BCH FL 34957**

10. Name and Address of New Registered Agent

81 Name **ROBERT S. MUZZO**

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 *Robert S. Muzzo*
Signature, typed or printed name of registered agent and title if applicable

ROBERT S. MUZZO

3-1-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P**
CROKE, JOSEPH F
STREET ADDRESS **2075 NE INDIAN RIVER DR**
CITY-ST-ZIP **JENSEN BCH FL**

TITLE ☐ DELETE
NAME **V**
CROKE, JOHN
STREET ADDRESS **2075 NE INDIAN RIVER DR**
CITY-ST-ZIP **JENSEN BCH FL**

TITLE ☐ DELETE
NAME **S**
CRESENZI, WALTER
STREET ADDRESS **2075 NE INDIAN RIVER DR**
CITY-ST-ZIP **JENSEN BCH FL**

TITLE ☐ DELETE
NAME **T**
MUZZO, ROBERTS
STREET ADDRESS **2075 NE INDIAN RIVER DR**
CITY-ST-ZIP **JENSEN BCH FL**

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 **OFFICER/DIRECTOR** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **OFFICER/DIRECTOR** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **SECRETARY/DIRECTOR** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *Robert S. Muzzo* **ROBERT S MUZZO** **3-1-99** **561-225-0700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)