

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000025428 (0)**

1. Corporation Name
S.E.Z. ENTERPRISES, INC.



Principal Place of Business: **925 RIVERSIDE DRIVE, TARPON SPRINGS FL 34689**
Mailing Address: **925 RIVERSIDE DRIVE, TARPON SPRINGS FL 34689**

2. Principal Place of Business (21-23)
2a. Mailing Address (26-28)
24. Zip, 25. Country, 29. Zip, 30. Country

3. Date Incorporated or Qualified: **03/30/1995**
3a. Date of Last Report
4. FEI Number: **59-3311964**
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
**DRIS, MICHAEL E ESO
114 S. PINELLAS AVE.
TARPON SPRINGS FL 34689**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City, 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 _____ DATE _____
Signature of current registered agent (an individual) _____
Signature of Registered Agent (must be printed when registering) _____

12. OFFICERS AND DIRECTORS
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP
1. **D ZAGORIANOS, SAKELLARIOS**
925 RIVERSIDE DRIVE
TARPON SPRINGS FL 34689

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE, 2. NAME, 3. STREET ADDRESS, 4. CITY-ST-ZIP
5. TITLE, 6. NAME, 7. STREET ADDRESS, 8. CITY-ST-ZIP
9. TITLE, 10. NAME, 11. STREET ADDRESS, 12. CITY-ST-ZIP
13. TITLE, 14. NAME, 15. STREET ADDRESS, 16. CITY-ST-ZIP
17. TITLE, 18. NAME, 19. STREET ADDRESS, 20. CITY-ST-ZIP
21. TITLE, 22. NAME, 23. STREET ADDRESS, 24. 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 its 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: *Sakellarios Zagorianos*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/96

(813) 938-6991
Corporate Phone #

CR2E034 (12/95)