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

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNU	IAL REPORT		Sandra B Morthani Secretary of State DIV:SION OF CORPORATIONS						
	MENT # P95	0000288	888 (2)						
THE	LITZ INTERNATIONAL G	ROUP, INC.				 		 481 48 5 5	IEI ROSER PARLIRAI
		··· ··							
Principal Place	.ddress 117 TH TERRACE NORTH								
	TERRACE NORTH SBURG FL 33716		ST. PETERSBURG FL 33716						
						3. Date Incorporated or Qualified 04/07/1995	3a. Date	of Last Re	non:
2. Principal Pla	ace of Business	2a. Mailing	Address			4. FEI Number	~ .0		applied For
21		26				59-3305-34	5 190	212 N	lot Applicable Additional
Suite, Apt.	#, etc.	27	pt. #, etc.			5. Certificate of Status Desired			Required
City & State	9	City & S	State			Election Campaign Financing Trust Fund Contribution			May Be I to Fees
Ζιρ	Country	Zip		Country		8. This corporation has liability fo		x under s	199.032,
24	25 USA	29	30	<u>o]</u>		Florida Statutes Ye 10. Name and Address of New	s []No	Agent	
	g. Name and Address of Co	nuetti Hadisteten Mi	jeni	81	Name	TO. Hame and Address of New	ricgistered .	rgon	
LITZEI	NBERGER, RICH			62	Direct Add	ress (P.O. Box Number is Not Accepta	dala)		
	17TH TERRACE NORTH			62	Street Addir	ess (F.O. pox Number is Not Accepte			
ST. P	ETERSBURG FL 33716			83					
i 				84	City			85 Zıç	Code
		0:00 1007 1507	C1- : C1-1 1: 1	La aba sa		when sub with this statement for the p	FL	anging its n	poistored office
or register	red agent, or both, in the State of	'Florida Such change	·was authorized t	ne above	named corpor xaration's boa	ration submits this statement for the p ro of directors. Thereby accept the ap	poritment as	registered	agent. Lam
(C.	th, and accept the obligations of,	Section 607.0505, FR	onda Statutes.					111-15-1	
SIGNATURE	Sign are, typed or printed name directors	Junt arst de la accourse	(MER)	kigistera I A.p.	isjake epa-	dwher reactifing	DATE	14-96	
12.	OF (ICER	S AND DIRECTORS	5 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	13.		ADDITIONS/CHANGES TO OF			RS IN 12
TITLE	PD	CED DICH		1 1 TITLE			l	Unange	L] And tion
NAME		LITZENBERGER, RICH 870 117TH TERRACE NORTH		1.2 NAME E. 1.3 STRÉHT ADDRESS					[5
STREET ADDRESS	ST. PETERSBURG FL			1.4 CITY -					
CITY-ST-ZIP TITLE	On Telenopond Te] DELETE	2 1 TITLE				Change	Addition C
NAME		_		2.2 NAME					
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NAME				3.2 NAME					
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NAME STREET ADDRESS				1	LADDRESS				
CITY-\$1-ZIP				4.3 SINEC					
TITLE			DELETE	5 1 1/11		A W		Change	Addition
NAME				. 5.2 NAME	1				Ì
STREET ADDRESS				5.3 STREE	T ADDRESS				
CITY - ST - ZIP				5.4 CITY					C) Marin
TITLE			Derete	6 1 Tutue				☐ Change	Addition
NAME	1			6.2 NAME					

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 13 if changed, og an an attachment with an address.

6.3 STHEET ADDRESS

6 4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

OF SIGNING OFFICER OR DIRECTOR RASICLUST

813 5792575