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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997

DOCUMENT # P95000028888 (2)

THE LITZ INTERNATIONAL GROUP, INC.

Principal Place of Business

Mailing Address

870 117TH TERRACE NORTH ST. PETERSBURG FL 33716 870 117TH TERRACE NORTH ST. PETERSBURG FL 33716-2405

## FILED May 16 1997 8:00am Secretary of State



01. 12.2.000	10 12 00110	***************************************			ì				
						3. Date Incorporated or Qualified 04/07/1995		3a. Date of Last Report 05/17/1996	
2. Principal P	lace of Business Seminicle Office Cent	2a. Mailing Address	211 .	1.4	4. FEI Numbe			Applied For	
			you	Center	59-3305	340		Not Applicable	
Suite, Apt #, etc.   Suite, Apt #, etc. /, 27 Suite 216					5. Certificate of	of Status Desired	1 1 7	75 Additional e Required	
City & State City & State							.00 May Be		
23 Jenus	whe the	28 J'Emenale	16		Trust Fund	Contribution	☐ Ad	ded to Fees	
Zip	Country	Zip	Сопп	ry		ation has liability for		ter s. 199.032,	
24 3377	2 25 45	29 33772	30 6	<u> </u>	Florida Stat		Yes No		
	9. Name and Address of Current	Hegistered Agent		41	1D. Name and	Address of New Re	gistered Agent		
	ENBERGER, RICH		į.	1 Name	ichand 1	BENLOVER	<b>3</b> ~		
	117TH TERRACE NORTH	E	82 Street Address (P.O. Box Number is Not Acceptable)						
ST. F	PETERSBURG FL 33716	. [	82 Street Address (P.O. Box Number is Not Asceptable)						
j			١	3	t 216				
1			-	4 City	<u> </u>		85	Zip Code	
				1 72	minile			33772	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the abo	ve-named	corporation submits th	s statement for the	purpose of chang	ing its registered	
l onice or r Lagent La	registered agent, or both, in the State of the finite with and accept the obligation	in Florida, Such change was a ions of, Section <b>201</b> ,0505, Flo	nutnorizeo orida Statu	by the corp les	oration's board or dire	ctors. I nereby acce	рт ине арроилитет	u az teðisteten	
SIGNATURE	The state of the	- Provide	1	Pul.	ne ctil bou	mais	4-29 DATE	2-50	
SIGNATURE	Signature, typed or printed name of registered agent	id tille if applicable. (NOT	E Registered	dent s pnature	required when reinstating)		DAYE		
12.	OFFICERS AND	DIRECTORS	13.			CHANGES TO OFFI	CERS AND DIREC	TORS IN 12	
THE	PD	☐ DELETE	1.1 TITL	E	President	,	☐ Cha	inge 🔲 Addition	
NAME	LITZENBERGER, RICH		1.2 NAM	ŧ [	Richard Litz	ENGERGER	- de - C/	214	
STREET ADDRESS	870 117TH TERRACE NORTH		1.3 STRI	ET ADDRESS	Richard Litz Auso Seminol	e office c	enter scule	. 217	
CITY-ST-ZIP	ST. PETERSBURG FL 33716		1.4 0/15	-ST-ZIP	Plannik	FL 33	772		
TITLE		☐ DELETE	2.1 TITL				☐ Cha	nge Addition	
NAME			2.2 NAM	E	•				
STREET ADDRESS	155		1	ET ADDRESS					
l i	1			-ST-ZIP					
CITY-ST-ZIP TITLE	DELETE		3.1 TITL				Cha	nge Addition	
	Dittelk		3.2 NAM	1					
NAME				1					
STREET ADDRESS				ET ADDRESS	,				
C-TY - ST - ZIP		DELETE		r-ST-ZIP			Cha	inge 🔲 Addition	
TITLE		T nerele	4,1 TITL				L Cha	inge 🗀 Mousion	
NAME			4.2 NA						
STREET ADDRESS			4.3 STR	ET ADDRESS					
CITY-SI-ZIP				-ST-ZIP					
THILF		DELETE	51 TITL	E			☐ Cha	nge 🛄 Addition	
NAME			5.2 NAN	lE					
STREET ADURESS			5.3 STR	ET ADDRESS					
C(TY+ST-Z)P			5.4 CITY	- ST - 7.IP					
TIFLE		DELETE	6.1 TITL	E			Cha	inge 🔲 Addition	
I NAME			6.2 NAM	E					
STREET ADDRESS			4	ET ADDRESS					
			1	1					
City St 7IP	by certify that the information supplied	with this filing does not quali		-ST-ZIP xemption sl	tated in Section 119 07	(3)(i), Florida Statuti	s. I further certify	that the	
THE THEFT	DV CERTY THE THE THURSTED SUPPLIED	THE REST TRICK LIVES HOL QUAN	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ום וועון עוויעו		to serve a ser norm exercise	and the second second	TO THE REPORT OF	

information indicated on this annual report or supplied with the sample of the exemption stated in Section 119.07(3)(i), Florida Statutes. Flutting Coeffity flat 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

4-29-97 813 3186407