

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P95000028888**

1. Corporation Name

THE LITZ INTERNATIONAL GROUP, INC.

FILED
Sep 20, 1999 8:00 am
Secretary of State

09-20-1999 90010 009 ***550.00



Principal Place of Business

**8050 SEMINOLE OFFICE CENTER
SUITE 218
SEMINOLE FL 33772
US**

Mailing Address

**8050 SEMINOLE OFFICE CENTER
SUITE 218
SEMINOLE FL 33772
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/07/1995

4. FEI Number

59-3305345

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.

☒ Yes ☐ No

2. Principal Place of Business

21 8050 Seminole Office Center

Suite, Apt. #, etc.

22 Suite 218

City & State

23 Seminole FL

Zip

24 33772

Country

25 US

2a. Mailing Address

26 8050 Seminole Office Center

Suite, Apt. #, etc.

27 Suite 218

City & State

28 Seminole FL

Zip

29 33772

Country

30 US

9. Name and Address of Current Registered Agent

**LITZENBERGER, RICH
8050 SEMINOLE OFFICE CENTER
SUITE 218
SEMINOLE FL 33772**

81 Name

82 Richard Litzenberger

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

84 8050 Seminole Office Center

85 Suite 218

City

Seminole

FL

85 Zip Code

33772

10. Name and Address of New Registered Agent

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

Richard Litzenberger

Richard Litzenberger

DATE

9-13-99

(NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **LITZENBERGER, RICH**

STREET ADDRESS **8050 SEMINOLE OFFICE CENTER, SUITE 218**

CITY-ST-ZIP **SEMINOLE FL**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

REQUIRED

9-13-99

Date

Daytime Phone #

727-3196407

CR2E034 (5/99)