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May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000029964 (0)

1. Corporation Name
J.Z. DESIGN, INC.



Principal Place of Business
25381 GALASHIELDS CIRCLE
BONITA SPRINGS FL 33923

Mailing Address
25381 GALASHIELDS CIRCLE
BONITA SPRINGS FL 34134-1967

3. Date Incorporated or Qualified 04/12/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 22-3198717	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 102 Curacao Lane Suite, Apt. #, etc.	26 Same Suite, Apt. #, etc.
22 Lely, Barefoot Beach City & State	27 City & State
23 Bonita Springs Zip	28 Zip
24 34134 Country	29 Lee Country
25	30

9. Name and Address of Current Registered Agent ZAWACKI, JOANN 25381 GALASHIELDS CIRCLE BONITA SPRINGS FL 33923	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 102 Curacao Circle 83 Lely, Barefoot Beach 84 City Bonita Springs FL 85 Zip Code 34134
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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 _____ (NOTE: Registered Agent's signature required when resigning.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
P	ZAWACKI, MARK A	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	25381 GALASHIELDS CIRCLE	1.3 STREET ADDRESS	102 Curacao Lane
CITY-ST-ZIP	BONITA SPRINGS FL 33923	1.4 CITY-ST-ZIP	Bonita Springs, FL 34134
VP	ZAWACKI, JOANN	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	25381 GALASHIELDS CIRCLE	2.2 NAME	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	2.3 STREET ADDRESS	102 Curacao Lane
		2.4 CITY-ST-ZIP	Bonita Springs, FL 34134
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do 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: _____

CR2E034 (9/96)