

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

FILED

May 08 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 # P95000053132 (3)  
1. Corporation Name  
**RAZ ENTERTAINMENT**



Principal Place of Business: 3517 PREMIER DRIVE CASSELBERRY FL 32707  
Mailing Address: 3517 PREMIER DRIVE CASSELBERRY FL 32707-6010

3. Date Incorporated or Qualified: 07/03/1995  
3a. Date of Last Report: 04/24/1996

2. Principal Place of Business  
21. 440 N. 4th St.  
22. Cocoa Beach Fl.  
23. 32931  
24. 32931  
25. Brevard  
26. 440 N. 4th St.  
27. Cocoa Beach Fl.  
28. 32931  
29. Brevard  
30. Brevard

4. FEI Number: 59-3354689  
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  
ZIPPERER, RANDALL J  
3517 PREMIER DRIVE  
CASSELBERRY FL 32707  
440 N. 4th St.  
Cocoa Beach Fl.  
32931

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  
FL

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 signature required when reinstalling) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	ZIPPERER, ANNE S
STREET ADDRESS	3517 PREMIER DRIVE
CITY-ST-ZIP	CASSELBERRY FL 32707
TITLE	D <input type="checkbox"/> DELETE
NAME	PREMIER, RANDALL J
STREET ADDRESS	3517 PREMIER DRIVE
CITY-ST-ZIP	CASSELBERRY FL 32707
TITLE	D <input type="checkbox"/> DELETE
NAME	SZAJKO, RAY
STREET ADDRESS	2502 EISENHOWER DRIVE
CITY-ST-ZIP	SOUTH BEND IN 46815
TITLE	D <input type="checkbox"/> DELETE
NAME	SZAJKO, DAN
STREET ADDRESS	12610 LEVIN HALL ROAD
CITY-ST-ZIP	HUNTERVILLE NC 28078
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	440. W 4. th St.
1.4 CITY-ST-ZIP	Cocoa Beach Fl. 32931
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	440 W. 4th. St.
2.4 CITY-ST-ZIP	Cocoa Beach Fl. 32931
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: Randall J Zipperer Randall J Zipperer 4-30-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)