

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P95000055776 (5)**

1. Corporation Name  
**TEZ ASSOCIATES, INC**



Principal Place of Business  
**13452 99TH AVE. N.  
SEMINOLE FL 34646**

Mailing Address  
**13452 99TH AVE. N.  
SEMINOLE FL 34646**

3. Date Incorporated or Qualified  
**07/17/1995**

3a. Date of Last Report

2. Principal Place of Business  
21  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip  
24

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29

Country  
25

Country  
30

4. FEI Number  
**72-1136374**

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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**ANDERSON, DAVID W  
13452 99TH AVE. N.  
SEMINOLE FL 34646**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
FL 85 Zip Code

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: \_\_\_\_\_ DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ZOPFF, LYNN S</b>	
STREET ADDRESS	<b>2204 CALIFORNIA ST</b>	
CITY-ST-ZIP	<b>COLUMBUS IN 47201</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ZOPFF, THOMAS E</b>	
STREET ADDRESS	<b>13452 99TH AVE. N.</b>	
CITY-ST-ZIP	<b>SEMINOLE FL 34646</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ZOPFF, SHARON</b>	
STREET ADDRESS	<b>13452 99TH AVE. N.</b>	
CITY-ST-ZIP	<b>SEMINOLE FL 34646</b>	
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**

11 TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add on
12 NAME	<b>Zopff - Smith, Lynn S</b>	
13 STREET ADDRESS	<b>16343 E. Lakeshore Dr. S.</b>	
14 CITY-ST-ZIP	<b>Hope, Ind. 47246</b>	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Sharon Zopff* **Sharon Zopff** **4-22-96** **5969364**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)