

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) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) 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: _____
Signature, typed or printed name of registered agent and their principal office. NOTE: Registered Agent's signature to be included in state filing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1. TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add on
NAME	ZOPFF, LYNN S	2. NAME	Zopff - Smith, Lynn S
STREET ADDRESS	2204 CALIFORNIA ST	3. STREET ADDRESS	16343 E. Lakeshore Dr. S.
CITY-ST-ZIP	COLUMBUS IN 47201	4. CITY-ST-ZIP	Hope, Ind. 47246
TITLE	D <input type="checkbox"/> DELETE	5. TITLE	
NAME	ZOPFF, THOMAS E	6. NAME	
STREET ADDRESS	13452 99TH AVE. N.	7. STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 34646	8. CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	9. TITLE	
NAME	ZOPFF, SHARON	10. NAME	
STREET ADDRESS	13452 99TH AVE. N.	11. STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 34646	12. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	13. TITLE	
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-ST-ZIP		16. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	17. TITLE	
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-ST-ZIP		20. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	21. TITLE	
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-ST-ZIP		24. 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)