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Mar 28 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 # 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 33776-1506**

3. Date Incorporated or Qualified: **07/17/1995** 3a. Date of Last Report: **04/25/1996**
 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

2. Principal Place of Business: 21, 22, 23, 24
 2a. Mailing Address: 25, 26, 27, 28, 29, 30
 Suite, Apt. #, etc.:
 City & State:
 Zip: Country:

9. Name and Address of Current Registered Agent: **ANDERSON, DAVID W 13452 99TH AVE. N. SEMINOLE FL 34646**
 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 reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D <input type="checkbox"/> DELETE	NAME: ZOPFF-SMITH, LYNN S.	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 18343 E. LAKESHORE DR S.	CITY-ST-ZIP: HOPE IN	1.2 NAME:	
TITLE: D <input type="checkbox"/> DELETE	NAME: ZOPFF, THOMAS E	1.3 STREET ADDRESS:	
STREET ADDRESS: 13452 99TH AVE. N.	CITY-ST-ZIP: SEMINOLE FL 34646	1.4 CITY-ST-ZIP:	
TITLE: D <input type="checkbox"/> DELETE	NAME: ZOPFF, SHARON	2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 13452 99TH AVE. N.	CITY-ST-ZIP: SEMINOLE FL 34646	2.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME:	2.3 STREET ADDRESS:	Seminole FL 33776
STREET ADDRESS:	CITY-ST-ZIP:	2.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	3.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME:	3.3 STREET ADDRESS:	Seminole FL 33776
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME:	4.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME:	5.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME:	6.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	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: *Sharon Zopff*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)