

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 # P95000063982 (9)

1. Corporation Name

E-Z LINES, INC.



Principal Place of Business

1700 NORTH 47TH AVENUE  
HOLLYWOOD FL 33021

Mailing Address

1700 NORTH 47TH AVENUE  
HOLLYWOOD FL 33021

3. Date Incorporated or Qualified  
08/18/1995

3a. Date of Last Report

2. Principal Place of Business  
21 4944 NW 55th ST

2a. Mailing Address  
26 P.O. Box 24863

4. FEI Number  
65-0603862

Applied For  
Not Applicable

22 City & State  
23 TAMARAC FL

27 City & State  
28 FT. LAUDERDALE FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33319 25 BROWARD

29 33307 30 BROWARD

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

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD  
NAME TAVLIN, SANDRA  
STREET ADDRESS 1700 NORTH 47TH AVENUE  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE VSD  
NAME FOLAND, ROCHELLE  
STREET ADDRESS 1700 NORTH 47TH AVENUE  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD  
1.2 NAME TAVLIN, SANDRA  
1.3 STREET ADDRESS 1000 N.E. 14th AVE #203  
1.4 CITY-ST-ZIP HALLANDALE FL 33009

2.1 TITLE VSD  
2.2 NAME FOLAND, ROCHELLE  
2.3 STREET ADDRESS 4944 N.W. 55 ST  
2.4 CITY-ST-ZIP TAMARAC FL 33319

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDRA TAVLIN

Date

Daytime Phone

4/24/96 9547350321

CR2E034 (12/95)