

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000079085 (3)

1. Corporation Name

TAZ DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

3355 OCEAN DR
VERO BEACH FL 32964-3345

3355 OCEAN DR
VERO BEACH FL 32964-3345



2. Principal Place of Business
21 609 Sabal Lake Dr
Suite, Apt #, etc
22 #113
City & State
23 Longwood FL
Zip
24 32779 Country
25 USA

2a. Mailing Address
26 609 Sabal Lake Dr
Suite, Apt #, etc
27 #113
City & State
28 Longwood FL
Zip
29 32779 Country
30 USA

3. Date Incorporated or Qualified 10/11/1995
3a. Date of Last Report
4. FEI Number ☒ 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

STEWART, WILLIAM J
3355 OCEAN DR
VERO BEACH FL 32964-3345

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P
NAME	STEWART, WILLIAM J	1.2 NAME	Lisa M. Patton
STREET ADDRESS	3355 OCEAN DR	1.3 STREET ADDRESS	609 Sabal Lake Dr #113
CITY - ST - ZIP	VERO BEACH FL 32964-3345	1.4 CITY - ST - ZIP	Longwood FL 32779
TITLE		2.1 TITLE	V
NAME		2.2 NAME	Carla Spitulski
STREET ADDRESS		2.3 STREET ADDRESS	6440 Metro West Blvd. #404
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Orlando FL 32835
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 617, 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

7/8/96 407-862-8296

CR2E034 (3/96)