

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 # **P95000089127**

1. Corporation Name

CLZ, INC.

Principal Place of Business

**56 NORTH FEDERAL Highway
DANIA, FL 33004**

Mailing Address

**c/o GRUBER & Associates, P.A.
1650 Southeast 17th Street
SUITE 301
Fort Lauderdale, FL 33316-1735**

2. Principal Place of Business

2a. Mailing Address

56 NORTH FEDERAL Highway

c/o GRUBER & Associates, P.A.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DANIA FL

Fort Lauderdale, FL

Zip

Country

Zip

Country

FL 33004

US of A

33316-1735

US of A

3. Date Incorporated or Qualified

3a. Date of Last Report

11-21-95

4. FEI Number

Applied For

65-0619162

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

10. Name and Address of New Registered Agent

(SAME) LINDA M. NADLER

Street Address (P.O. Box Number is Not Acceptable)

c/o GRUBER & Associates, P.A.

1650 Southeast 17th Street, Suite 301

Fort Lauderdale

FL

33316-1735

15. 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

Linda Nadler

DATE

4/1/96

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **DIRECTOR** ☐ DELETE
NAME **LINDA M. NADLER**
STREET ADDRESS **c/o GRUBER & Associates, P.A.**
CITY-ST-ZIP **2129 NOVA VILLAGE DRIVE DAVIE, FL 33317-7012**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

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TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DIRECTOR** ☒ Change ☐ Addition
1.2 NAME **LINDA M. NADLER**
1.3 STREET ADDRESS **2129 NOVA VILLAGE DRIVE**
1.4 CITY-ST-ZIP **DAVIE, FL 33317-1735**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE ☐ Change ☐ Addition
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:

Linda Nadler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96

Date

954-5222

Telephone Number

CR2E034 (12/95)