FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIS. CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Secretary Mouths in

DIVISION OF CORPORATIONS

1997

DOCUMENT # P9600031051 (1)

Lam an officer or director of the co appears in Block 12 or Block 13 if

SIGNATURE:

SAAZ, INC.

Principal Place of Business 10700 STRINGFELLOW BOKEELIA FL 33922

Mailing Address

10700 STRINGFELLOW BOKEELIA FL 33922-3241

FILED Jun 02 1997 8:00am Secretary of State

941 283-1313



04/04/1996

21	lace of Business Same	├ ─¬	26. Mailing Address				65-0663922		olied For Applicable	
Suite Apt.			Suite, Apt. #, etc.				S	8.75 A		
22		27					5. Certificate of Status Desired	Fee Re		
City & Stat	le:		ly & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to		
23 Zip	Country	28 Zi	0	Cou	ntrv		This corporation has liability for intangible tax	··· ··· ···		
24	25 29 30						Florida Statutes			
	9. Name and Address of Current	Register	ed Agent				10. Name and Address of New Registered Age	nt		
PAR	SONS, DONALD L				81	Name				
10700 STRINGFELLOW					82 Street Address (P.O. Box Number is Not Acceptable)					
BOKEELIA FL 33922						ppg-140 - 15				
•					83					
•				ŀ	84	City		5 Zip C	ode	
					1		FL J			
11. Pursuant office or	to the provisions of Sections 607,0502 registered agent, or both, in the State (? and 607. of Florida.	1508, Florida Statu Such change was	les, the at authorize:	oove d by	-named corporation	oration submits this statement for the purpose of choon's board of directors. I hereby accept the appoint	anging its ment as i	registered registered	
agent. La	am familiar with, and accept the obliga	tions of, S	ection 607.0505, FI	orida Stat	utes	,	,		- 3	
SIGNATURE					· · · · ·					
40	Signature type disciplinated name of registered agen OFFICERS AND	···		E Registere:	1 Ager	niuper erutangia fr	ADDITIONS/CHANGES TO OFFICERS AND DI	PECTOR	C IN 12	
12.	· · · · · · · · · · · · · · · · · · ·	DIRECTO	DELETE	1.1 [1]	n E			Change	Addition	
NAMÉ	President Parcone			1.2 NA			سا	o nango		
STREET ADDRESS	Donald Parsons L	ln r		1		ADDRESS				
	Cape Coral FL	33	914							
City - S1 - ZIP TITLE	V Deec		DELETÉ	1.4 Ci 2.1 Til		1 - <u>Z</u> Ir		Change	Addition	
NAM!	Lani Parsons		<u></u>	2.2 N/		}				
STREET ADDRESS	1916 SW 54"	Ln.	x .	1		ADDRESS	**** ****			
CHY-ST-Zift	Cape Coral Fl		33914	2.40						
TILE			☐ DELETE	3.1 Tr				Change	Addition	
NAME				3.2 NA	ME					
STREET ADDRESS				3.3 \$1	REET	ADDRESS				
C:TY+S1+ZiP	l'			3.4. C	ITY-S	I ZIP				
Tiltf			☐ DELETE	4.1 Tr	TLE.			Change	Addition	
NAME	[4. 2 N	AME					
STREET ADDRESS				4.3 \$1	REET	adoress				
CHY-ST-7:P				4.4 CI	<u> 1Y-S</u> 1	r- Z IP				
T:TLF			☐ DELETE	5 1 TI	ſLE			Change	Addition	
NAME				5.2 N/	ME					
STREET ADDRESS				5.3 \$1	REET	ADDRESS				
City St Zer				5.4 CI	IY-S	T-ZIP				
THLE			☐ DELETE	6.1 7)	ILE			Change	Addition	
NAME				62 N/	IME					
STREET ADDRESS	1			6.3 S1	REET	ADORESS				
City - \$1 - ZiF				6 4 CI						
14. I do here	by certify that the information supplied	with this	filing does not qual	ify for the	ехе	mption stated	in Section 119.07(3)(i), Florida Statutes. I further ce my signature shall have the same legal effect as if i	rtify that	he	