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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name
KANZLER INC.

P96000035200 (0)

FILED Apr 03 1998 8:00am Secretary of State



					I 1001/021 F(B (UIU) B(A)(B4)(1 04)(1 02)(1 02)(1 02)	
Principal Place of Business Mailing Address						
361 SW 181ST AVE PEMBROKE PINES FL 33029		361 SW 181ST AVE PEMBROKE PINES FL 33029				
					DO NOT WRITE IN	THIS SPACE
					3. Date Incorporated or Qualified 04/19/1996	
		2a. Mailing Address	Mailing Address		4. FEI Number	Applied For
21		26			65-0660572	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State			City & State		6. Election Campaign Financing	
23		28	8		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip			8. This corporation owes or has paid to	7.0000
24	25	29	30		Personal Property Tax due June 30.	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Regis	
	nzler, ken		8	Name		
	1 SW 181ST AVE		8:	2 Street Add	et Address (P.O. Box Number is Not Acceptable)	
PE	MBROKE PINES FL 33029		8:			
			84			lee 7:- O-d-
'			į	' '		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						
12.		D DIRECTORS	13.	laut eidustose sedr	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
TITLE	P	DELETE 1.1T			ABBINORIANGES TO OTHEER	Change Addition
NAME	KANZLER, KEN		1.2 NAME			
STREET ADDRESS	36 1 SW 181ST AVE		1.3 STREE	T AODRESS		
CITY-ST-ZIP	SEMBRONE DIMES EI			1.4 CITY-ST-ZIP		
TITLE	VP □ DELETE		2.1 TITLE			Change Addition
NAME	KANZLER, SHARON		2.2 NAME			
STREET ADDRESS	36 1 SW 181ST AVE		2.3 STREE	T ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		2. 4 CITY	·ST-ZIP		
TITLE			3.1 TITLE		· <u></u>	Change Addition
NAME	3.26		3.2 NAME			
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		1
TITLE	DELETE 4.1 TI		4.1 TITLE			Change Addition
NAME			4. 2 NAMI			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		
TITLE		DELETE 5.1 T				Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY -	ST-ZIP		
TITLE	DELETE 6.1		6.1 TITLE		··· ·	Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRESS		
CITY-ST-ZIP			6.4 CITY-	ST-ZiP		

4. I 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.