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

Mailing Address

712 S SUMMERLIN AVE

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600046797 1. Corporation Name

SUSAZNO, CORP.

Principal Place of Business 712 S SUMMERLIN AVE

FILED Feb 22, 1999 8:00 am Secretary of State 02-22-1999 90106 025 ***150.00



rlando fl. 3 S	BO! UNLANDO FL 32801 US					DO NOT WRITE IN THIS SPACE			
_				-		-3Date Incorporated or Qualifed			
						05/22/1996			
Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
26						59-3395434			lot Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired		•	Additional Required
City & State	city & State City & State			_		6 Floating Compaign Financing			0 May Be
City & State	28					Election Campaign Financing Trust Fund Contribution			nay be to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the currer	nt year Inta	angible	
,	25	29	30			Personal Property Tax.	,	∐Yes	□No
	9. Name and Address of Curre					10. Name and Address of New Re	gistered /	Agent	
				81	Name				
FRAI	NCOEUR, JASON	11) S Cummor	tin .	82	Street Ad	dress (P.O. Box Number is Not Acceptab	 le)		
€/30	CHROCKYOOD AVE/APTY ANDO FL-20903	Via D. Suvining	٠,	"					
ORL	ANDO FL-30808 33801	77	•	83					
	25.00(84	City			85 Zir	Code
				04	City		FL	OS ZIL	Code
Dureuant	to the provisions of Sections 607.05	02 and 607 1508. Florida Statute	s the a	bove	a-named co	rporation submits this statement for the pration's board of directors. I hereby accept	urpose of	changing i	ts registered
SNATURE	m familiar with, and accept the oblig					ired when reinstating)	DATE		
	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: ND DIRECTORS	13.	Agen	1 signature requi	ADDITIONS/CHANGES TO OFFI		D DIRECT	ORS IN 12
	VTD	□ DELETE	1.1 T	TLE	 -	ADDITIONAL OF THE COLUMN	<u> </u>	☐ Change	
_	FRANCOEUR, JASON		1.2 N		i			_ ,	_
I AUDRESS	ALL C DISCOURAGE LIFE LOS	c 2			ADDRESS				
	ORLANDO FL 32803	. 2		ITY-SI]				
ST-ZIP	CHLANDO I E 32003	☐ DELETE	2.1 11		- TEI	 _		☐ Change	Addition
			2.2 N						
: ADDRESS					FADDRESS		•		
ST-ZIP				ATY-S					
31-ZIF				3.1 TITLE				Change	Addition
			3.2 N	AME					
raddress			3.3 S	TREET	(ADDRESS	•			
ST ZIP			3.4. C	XTY-S	T-ZIP				
		☐ DELETE	4.1 11	MFE.				Change	e Addition
_			4.2 N	AME			•		·
' ADDRESS			4.3 S	TREET	TADDRESS				
ST-ZIP			4.4 C	ITY-\$	r-ZIP				· <u>·</u>
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			5.2 N	AME					
: ADDRESS			5.3 S	TREET	ADDRESS .			A 10 1	* ** 1
ST ZIP			_	ITY-\$	r-zip				
		☐ OELETE	6.1 TI		{			Change	e
-			6.2 N						
1 ADDREGG					ADDRESS				
ST-ZIP			6.4 C	ITY-S	Γ-ZiP				

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, with all other like empowered.