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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000048533**

A Z F INVESTMENTS, INC.

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90023 041 ***150.00



Principal Place of Business Mailing Address						I (BEIGE) II S ISHA SHILL SHIL		
6230 W. INDIANTOWN ROAD SUITE 7-309 JUPITER FL 33458		6230 W. Indiantown Road Suite 7-309 Jupiter Fl 33458			DO NOT WRITE IN THIS SPACE			
JOHNEN FL 33430		901 11 11 0 00100			3. Date Incorporated or Qualifed			
						06/06/1996		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For		
21		26				65-0784378 Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired Sa.75 Additi		
City & State		City & State	28			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year Intangible		
24 25						Personal Property Tax.	-	
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New Registered Agent	-	
ROSSITTO, ROBERT J				or rame				
	1 SOUTH HIGHWAY U.S. #1			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	T ST. LUCIE FL 34952			83				
. •	, , , , , , , , , , , , , , , , , , , ,							
			•	84	City	FL 85 Zip Code		
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State n familiar with, and accept the obliga	of Florida. Such change was au ations of, Section 607.0505, Flori	ithorized ida Stati	utes.	tne corporat	reporation submits this statement for the purpose of changing its registion's board of directors. I hereby accept the appointment as register	red	
12.	Signature, typed or printed name of registered age	ont and title if applicable (NOTE: ND DIRECTORS	Registered	Agen	t signature requir	ired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1	N 12	
TITLE	PD	DELETE	1.1 TITLE		1		Addition	
NAME	-		1.2 N	AME			1	
STREET ADDRESS 6230 W. INDIANTOWN ROAD #		# 7-309	1.3 STREET		ADDRESS		}	
CITY-ST-ZIP	JUPITER FL 33458		1.4 C		r-ZIP			
TITLE			2.1 ∏	TLE		☐ Change	Addition	
NAME	FURTAK, KATHLEEN		2.2 N	2.2 NAME				
STREET ADDRESS	6253 W. INDIANTOWN RD., #	7-309	2.3 S	TREET	ADDRESS	•		
CITY-ST-ZIP	JUPITER FL 33458		_	ITY-S	T-ZIP	Character F	Addition	
TITLE	☐ DELETE			3.1 TITLE		☐ Change	Addition	
NAME	.		3.2 N				ļ	
STREET ADDRESS			3.3 STREET ADDRESS				ŀ	
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP LETE 4.1 TITLE		T-ZIP	Change	Addition	
TITLE			1				- I	
NAME	DDF00		4. 2 NAME 4.3 STREET ADDRESS		APODEČČ		1	
STREET ADDRESS			4.4 CITY-ST-ZIP					
CITY-ST-ZIP			_	4 CITY-ST-ZIP 1 TITLE		☐ Change ☐	Addition	
TITLE			1	.2 NAME		_	1	
NAME STREET ADDRESS			- 1		ADDRESS		[
CITY-ST-ZIP			5.4 CITY- ST- ZIP					
TITLE	DELETE			.1 TITLE		☐ Change	Addition	
NAME			6.2 N	AME			j	
STREET ADDRESS			6.3 S	TREET	ADDRESS		}	

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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.

SIGNATURE: