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 #

P96000068153 (1)

LIZARRY, LTD., INC.

FILED May 29 1998 8:00am Secretary of State



5/21/08 (407) 370 4190

Principal Place of Business Mailing Address 7222 DELLA DR 7222 DELLA DR ORLANDO FL 32819 ORLANDO FL 32819 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/15/1996 2a. Mailing Address 2. Principal Place of Business Applied For 59-3388445 21 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Couritry 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. ☐ Yes [] No 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MANCIA, HARRY J 7222 DELLA DR 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32819 83 84 City 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 Horida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE MANCIA, HARRY J 12 NAME NAME 7222 DELLA DR 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32819 City-St-ZiP 1.4 CITY-ST-ZIP DELFTE Change Addition TITLE 217016 GMAZEL, ELIZABETH E NAME 2.2 NAME STREET ADDRESS 7222 Della dr 2.3 STREET ADDRESS ORLANDO FL 32819 CITY-ST-7IP 2 4 DITY-SI-ZIF DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY- ST-ZIP DELETE Change Addition 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.11/110 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREFT ADDRESS CITY-ST-ZIP 5.4 CHY-ST-7/P DELETE Change Addition TITLE 61 TOLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 logal effect as if made under oath; that I am an officer or director of the corporation of the receiver of 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. Elin with & Alan