

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000083499 (9)

1. Corporation Name
RZA, INC.

Principal Place of Business
4209 BAYMEADOWS ROAD
SUITE 4
JACKSONVILLE FL 32217

Mailing Address
4209 BAYMEADOWS ROAD
SUITE 4
JACKSONVILLE FL 32217-4653

FILED
Apr 28 1997 8:00am
Secretary of State



2. Principal Place of Business		2a. Mailing Address	
21 8120 - 8136 LEM TURNER RD	26 P.O. BOX 2751		
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State SAX, FLA.		28 City & State SAX, FLA.	
24 Zip 32209	25 Country U.S.A.	29 Zip 32209	30 Country U.S.A.

3. Date Incorporated or Qualified 10/04/1996	3a. Date of Last Report
4. FEI Number 59-3410515	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BOATRIGHT, SCOTT R 4209 BAYMEADOWS ROAD SUITE 4 JACKSONVILLE FL 32217		10. Name and Address of New Registered Agent	
B1 Name	MRS. MANZI PATRIZIA		
B2 Street Address (P.O. Box Number is Not Acceptable)	P.O. BOX 2751		
B3			
B4 City	SAX.	FL	B5 Zip Code 32209

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 *[Signature]*
Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOATRIGHT, SCOTT R	1.2 NAME	
STREET ADDRESS	4209 BAYMEADOWS RD., #4	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32217	1.4 CITY-ST-ZIP	
TITLE	President	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANZI PATRIZIA	2.2 NAME	
STREET ADDRESS	11624 HALETHORPE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAX FL. 32223	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *[Signature]*

3-12-97

94-214-2A-22

CR2E034 (9/96)