

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Martham  
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

2. Principal Place of Business

21 8120 - 8138 LEM TURNER RD  
Suite, Apt. #, etc.

26 Mailing Address

26 P.O. BOX 2751  
Suite, Apt. #, etc.

22 City & State

23 5AX, FLA.

27 City & State

28 5AX, FLA.

24 Zip

24 32209

Country

25 U.S.A.

29 Zip

29 32209

30 Country

30 U.S.A.

9. Name and Address of Current Registered Agent

BOATRIGHT, SCOTT R  
4209 BAYMEADOWS ROAD  
SUITE 4  
JACKSONVILLE FL 32217

81 Name

MRS. MANZI PATRIZIA

82 Street Address (P.O. Box Number is Not Acceptable)

P.O. BOX 2751

83

84 City

5AX.

FL 85 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 *X* *Manzi Patrizia*  
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature is required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSD	<input checked="" type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	5AX FL 32223		2.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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 applicable, or on an attachment with an address.

SIGNATURE: *Manzi Patrizia*

3-12-97

941-714-2822

CR2E034 (9/96)