SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

000352

PROFIT CORPORATION ANNUAL REPORT 1998

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

99 JAN 29 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000083499 (9)

1. Corporation Name

RZA, INC.

REINSTATEMENT 98-99

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
8120 8138 LEM TURNER RD SUITE 4 JAX FL 32209 US	PO BOX 2751 SUITE 4 JAX FL 32209 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
23
Zip 24
Country 25

2a. Mailing Address
26 11624 Hallethorpe Dr.
Suite, Apt. #, etc. 27
28 Jax, Fla.
Zip 29 32223
Country 30 USA

3. Date Incorporated or Qualified
10/04/1996

4. FEI Number
59-3410515
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PATRIZIA, MRS MANZI
PO BOX 2751
SUITE 4
JACKSONVILLE FL 32209

10. Name and Address of New Registered Agent

81 Name PATRIZIA, MRS MANZI DAVIS
82 Street Address (P.O. Box Number is Not Acceptable) 11624 Hallethorpe Dr.
83
84 City Jax FL 85 Zip Code 32223

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 MRS. PATRIZIA M. MANZI Patrizia Manzi DATE 7-16-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	Vice-President
NAME	MANZI, PATRIZIA		1.2 NAME	Mrs. Michael A. Davis
STREET ADDRESS	11624 HALE THORPE DR		1.3 STREET ADDRESS	11624 Hallethorpe Dr.
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville, Florida 32223
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	200002757872--1
STREET ADDRESS			4.3 STREET ADDRESS	-01/29/99--01005--002
CITY-ST-ZIP			4.4 CITY-ST-ZIP	****300.00 ****300.00
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

DS 1-20-99

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.

SIGNATURE: Patrizia Manzi 7-16-98 904 268-1720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/98)