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May 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000098870 (4)

1. Corporation Name  
T. L. Z. CORPORATION

Principal Place of Business  
335 LATERN BACK ISLAND DRIVE  
TORTOISE ISLAND  
SATELLITE BEACH FL 32907

Mailing Address  
335 LATERN BACK ISLAND DRIVE  
TORTOISE ISLAND  
SATELLITE BEACH FL 32907-4708



2. Principal Place of Business  
21 335 LATERN BACK  
ISLAND DRIVE  
City & State  
23 SATELLITE BEACH, FL  
Zip  
24 32937

2a. Mailing Address  
25 335 LATERN BACK  
ISLAND DRIVE  
City & State  
28 SATELLITE BEACH, FL  
Zip  
29 32937

3. Date Incorporated or Qualified  
12/04/1996  
3a. Date of Last Report  
4. FEI Number  
59-343 8822  
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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

D. Name and Address of Current Registered Agent

FANTO, JAMES  
335 LATERN BACK ISLAND DRIVE  
TORTOISE ISLAND  
SATELLITE BEACH FL 32907 32937

10. Name and Address of New Registered Agent

81 Name  
FANTO, JAMES  
82 Street Address (P.O. Box Number is Not Acceptable)  
335 LATERN BACK ISLAND DRIVE  
83  
84 City  
SATELLITE BEACH FL 85 Zip Code  
32937

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: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  
TITLE D  
NAME FANTO, JAMES  
STREET ADDRESS 335 LATERN BACK ISLAND DRIVE  
CITY-ST-ZIP SATELLITE BEACH FL 32907  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE D  
1.2 NAME FANTO, JAMES  
1.3 STREET ADDRESS 335 LATERN BACK ISLAND DRIVE  
1.4 CITY-ST-ZIP SATELLITE BEACH, FL 32937  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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

12/20/97

CR2E034 (9/96)