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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham +

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9600098983 (5)

SIZ-DEVELOPMENT, INC.

SIGNATURE:

FILED Apr 01 1997 8:00am Secretary of State

SIZ DUV	LEOF MICHT, 1140.									
Principal Place of Business		Mailing Addre	Mailing Address				j – i ibuliuui iiu ibiin biikt dukk uski suki aulii	######################################	\$410 10101 1110\$)
2542 WILLIAMS BOULEVARD KENNER LA 70062			2542 WILLIAMS BOULEVARD KENNER LA 70062-5538							
							Date Incorporated or Qualified 12/06/1996	3a. Da	nte of Last Ri	eport
21	lace of Business	2a, Mailing Ac	· · · · · · · · · · · · · · · · · · ·				1. FEI Number 72 - 135 0 133		No	oplied For ot Applicable
Suite, Apt.		Suite, Apt.					5. Certificate of Status Desired		\$8.75 / Fee Re	equired
City & Stat	te	City & Stat	le				Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip	Country	Zip		Countr	y		8. This corporation has liability for		tax yader s	
24	25	29	30	0			Florida Statutes L. 10. Name and Address of New Re		No	
	g. Name and Address of Curr	ent Hegislered Ager	11	81	Name		10. Name and Address of New He	gistered a	agent	
	IT, DAVID A									
	australian avenue, south Te 500	1				t Addre	ss (P.O. Box Number is Not Acceptate	ole)		
	ST PALM BEACH FL 33401			83						
				84	City			FL	85 Zip (Code
11. Pursuant office or agent. La	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the ob-	1502 and 607, 1508, Flate of Florida, Such ch ligations of, Section 6	orida Statutes, nange was auti 07.0505, Floric	the above horized be da Statute	e-name y the co	d corpo progratic	ration submits this statement for the policy board of directors. I hereby accept	ourpose of at the app	changing it ointment as	s registered registered
SIGNATURE	Signature, typed or portled name of registered	agent and title I applicable	/NOTE: R	Roistered Ac	ent signati	re required	I when reinstating)	DATE		
12.		AND DIRECTORS	VIOLE II	13.			ADDITIONS/CHANGES TO OFFIC		DIRECTOR	₹S IN 12
THLE	D		DELETE	1.1 TITLE		T			Change	Addition
NAME	LASSEN, SIDNEY W			1.2 NAME		ĺ				
STREET ADDRESS	2542 WILLIAMS BOULEVARD)		1.3 STREE	T ADDRESS	3				
CITY-ST-ZiP	KENNER LA 70062			1.4 CFTY-	ST-ZIP					
TITLE			DELETE	2.1 TITLE		V. P			Change	1 Addition
NAMÉ				2.2 NAME		JA	nes, w. Baodie 12 Williams Bluck			
STREET ADDRESS				2.3 STREE	T ADDRES!	254	2 Williams DIME			
C(TY - S1 - Z)(-			, . 	2. 4 CITY-	ST - ZIP		nven LA 10062			
THILE			DELETE	3.1 TITLE		5.7	" of Manage		Change	Addition
NAME				3.2 NAME		Gu	y M. Cheranie			
STREET ADDRESS					T ADDRESS	255	Z WILLIAMS BIVE			
CHY-SI-74			DELETE	3.4. CITY	ST-ZIP	Ke	MANER LA 70062		Change	☐ Addition
HITLE			DELLIE	4.1 TITLE					L.J Criange	L. ADUMUM
NAME				4. 2 NAMI						
STHEET ADDRESS]				i addresi	·				
TITLE			DELETE	4.4 CITY- 5.1 TITLE	51-ZIP	 -			Change	Addition
NAME		h-m4		5.2 NAME						
STREET ADDRESS					T ADDRESS					
CITY - ST- ZIP			!	5.4 CITY-						
Till(DELETE	6.1 TITLE	O1-TIL	1			Change	☐ Addition
NAME:		_		6.2 NAME		1				
STREET ADDRESS					T ADDRESS	<u>, </u>				
City of the			!	E 4 CITY						

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.