FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Mar 06 1998 8:00am **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P96000102631 (4) ALZA, INC. Principal Place of Business Mailing Address C/O ALFRED POLIZZATTO 7520 NORTHWEST 5 STREET 6911 18TH AVE SUITE 203 FORT LAUDERDALE FL 33317 DO NOT WRITE IN THIS SPACE **BROOKLYN NY 11204** 3. Date Incorporated or Qualified 12/20/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 58-2294925 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Regulred 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. Yes 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **CORPORATION SERVICE COMPANY** 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301-2525 63 84 Zip Code 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELE 1E Addition Change TITLE 1.1 TITLE POLIZZOTTO, ALFRED NAME 1.2 NAME 6911 18TH AVE 1.3 STREET ADDRESS STREET ADDRESS **BROOKLYN NY** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 THEF NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CHTY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3 1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-\$1-2IP 3 4. CITY-ST-ZIP DELFTE Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS

14. Thereby 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 ennual report or supplemental annual report is true and accurate and that my signature shall have the same legal offect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee or provided to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an altacture of my the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corpor

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54 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

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DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

428/98

Change

Addition

Addition