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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000012284 (0) DAZIO, INC. Principal Place of Business Mailing Address 15 2077-NO PUNIE ALPKIS DRIVE Correct 2077 NO POINTE ALEXIS DRIVE TARPON SPRINGS FL 34889 TARPON SPRINGS FL 34689 DO NOT WRITE IN THIS SPACE Alexis Dr 3. Date Incorporated or Qualified Tarpm Springs Fl. 34689 02/05/1997 2. Principal Place of Business 2a. Mailing Address Applied For 59-3425372 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution П Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name DAZIO, VANESSA M 2077 NO POINTE ALEXIS DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **TARPON SPRINGS FL 34689** 83 84 City Zip Code 85 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 registored agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETÉ TITLE 1.1 TITLE ☐ Change ___ Addition DAZIO. VANESSA M NAME 1.2 NAME 2077 NO POINTE ALEXIS DRIVE 1.3 STREET ADDRESS STREET ADDRESS **TARPON SPRINGS FL 34689** CITY - ST- ZIP 1.4 CITY - ST- ZIP DELETE 2.1 TITLE Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Addition TITLE 41 TITLE 4 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE ☐ Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

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 opport 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 exportation or the receiver or trustee empowared 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

DAZLO, President

1/5/98

FILED

Apr 21 1998 8:00am

Secretary of State