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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS .

DOCUMENT # P9700027481

AZARIS, INC.

Principal Place of Business

9804 S MILITARY TRAIL

Mailing Address

9004-S-MILITARY-TRAIL

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90146 007 ***150.00

DO NOT WRITE IN THIS SPACE

BOYNTON BEACH FL 33436 BOYNTON BEACH FL 33438					DO NOT WRITE IN THIS SPACE			
US .	,	43-			 Date Incorporated or Qualified 03/24/1997 	:		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21		26 1100 5 Federa	L 12	ω\/	65-0778248		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	1	· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired		\$8.75 A	
22 Cib. 8 Ct-tr		City & State			a Sheeting Commission Financing		\$5.00	Mary Da
City & State	е	⊢ . ά ι α	ach.	FL	6. Election Campaign Financing Trust Fund Contribution		Added t	
Zip	Country	Zip	Country		8. This corporation owes the curre	ent year Inta	ngible	
24	25	29 33435 30	i) U	SA	Personal Property Tax.	/	Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered A	.gent	
,			81	Name				
Cappella, arthur				0	CD CD Day No. has in Not Accepted	blo)		
1100 S FEDERAL HWY SUITE 4			82	Street Addi	ress (P.O. Box Number is Not Accepta	DIE)		,
BOYNTON BEACH FL 33435			83					
			"		·			
			84	City		FL	85 Zip (Code
11 Pursuant	to the provisions of Sections 607 0502	and 607.1508. Florida Statutes.	the abov	e-named corr	poration submits this statement for the	purpose of c	hanging its	registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	t Florida. Such change was auth	orizea dv	tne corporati	on's board of directors. I hereby accep	t the appoint	iment as re	gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Age	nt signature require	ed when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	FICERS AND	DIRECTO	R\$ IN 12
TITLE	PD	☐ DELETE	1.1 TITLE				☐ Change	☐ Addition
NAME	AZARI, MAURICE		1.2 NAME		•			
	8 VIA DE CASA SUR #202		-	T ADDRESS				
STREET ADDRESS			1		**			
CITY-ST-ZIP	BOYNTON BEACH FL 33426		1.4 CITY-5	ST-ZIP	•		☐ Change	Addition
TITLE	VTD	☐ DELETÉ	2.1 TITLE				☐ Gliange	
NAME	AZARI, YACOV	1	2.2 NAME					
STREET ADDRESS	8 VIA DE CASA SUR	•	2.3 STREE	T ADDRESS		٠ ،		_
CITY-ST-ZIP	BOYNTON BEACH FL 33426		2. 4 CFTY+	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE				Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP			3.4. CITY-		•			
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
	,	_	4. 2 NAME				-	
NAME	· ·			TADORESS				
STREET ADDRESS								
CITY-ST-ZIP		□ DELETE	4.4 CITY-5	31-ZIP			Change	Addition
TITLE		☐ DELETÉ	5.1 TITLE 5.2 NAME		•		□ Suarige	
NAME								
STREET ADORESS				TADDRESS				
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	TADDRESS				
CITY_ST_ZIP			6.4 CITY-5	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 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 of 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, with all other like empowered.

SIGNATURE: