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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000029388**

J.T. LANZA HOLDINGS, INC.

FILED Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90094 038 ***158.75



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|---|--|---------------------------------------|--|---|--|--|---|------------------------|
| Principal Place | e of Business | Mailing Address | | | # 1 | | | |
| 1302 SW BENT | | 1302 SW BENT PINE COV | | | | | | |
| PORT ST. LUCIE FL 34986 PORT ST. LUCIE FL 34986 | | | AG . | | DO NOT WRI | TE IN THIS S | PACE | |
| | | | | | 3. Date Incorporated or Qualifed | | | |
| | | | | · | 03/31/1997 | | | |
| 3 Dringing D | lace of Business | 2a. Mailing Address | | | 4. FEI Number | | Apr | plied For |
| — ' | lace of Business | <u> </u> | | | 65-0791598 | | <u> </u> | Applicable |
| 21 | | 26 | | ~~~~ | 05-079-1596 | . , | | |
| Suite, Apt. #, etc. | | 27 | | 5. Certifcate of Status Desired | Desired \$8.75 Additional Fee Required | | | |
| City & State | e | City & State | | | 6. Election Campaign Financing \$5.00 May Be | | | May Be |
| 23 | · | 28 | | | Trust Fund Contribution | | Added to | o Fees |
| Zip | Country | Zip | Cot | intry | 8. This corporation owes the curr | ent year Intan | | |
| 24 | 25 | 29 | 30 | | Personal Property Tax. | [| ☐ Yes | □No |
| 1 | 9. Name and Address of Curren | t Registered Agent | | · . | 10. Name and Address of New I | Registered Ag | jent | |
| | | 1.3 | | 81 Name | | | | ł |
| COO | OK, ROBERT B | | | OD CAR A-2-1 | and (D.O. Day Number is Not Asses | ablo) | | |
| 11911 US HWY ONE, STE. 112 | | | | 82 Street Addre | ess (P.O. Box Number is Not Accept | ioie) | | 1 |
| | TH PALM BEACH FL 33408 | | | 83 | | | 11 11 11 11 11 | (CO. LE 1831 |
| | | | | | | | 建物建設 | 問題問題 |
| | | • | | 84 City | A CALL PROPERTY OF THE PROPERT | * 1 | 85 Zip C | ode |
| 4000 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | | <u> </u> | ببلب | |
| 11. Pursuant | to the provisions of Sections 607.050 egistered agent, or both, in the State | 2 and 607.1508, Florida Statu | ites, the a | bove-named corporation | oration submits this statement for the | purpose of cr | langing its ment as rec | registerea bistered |
| office of n | registered agent, or both, in the State of the obligation in the o | itions of, Section 607.0505, FI | orida Stat | utes. | ara board of an octors. Thereby deep | , | | , |
| _ | | | | | | | | , |
| SIGNATURE | Signature, typed or printed name of registered ager | nt and title if applicable. (NOT | E: Registered | d Agent signature required | 1 when reinstating) | DATE | | |
| 12. | OFFICERS AN | ID DIRECTORS | 13. | | ADDITIONS/CHANGES TO OF | FICERS AND | DIRECTO | RS IN 12 |
| TITLE | D | ☐ DELETE | 1.1 TI | TLE | + , , , , , , , , , , , , , , , , , , , | | Change | ☐ Addition |
| NAME | LANZA, JOHN T | | 1.2 N | AME | | | | |
| STREET ADDRESS | 1302 SW BENT PINE COVE | | 1.3.5 | TREET ADDRESS | | | | |
| i | PORT ST. LUCIE FL 34986 | | | ITY-ST-ZIP | | | | |
| CITY-ST-ZIP | FORT ST. LOCIL TE 34900 | ☐ DELETE | 2.1 TI | | | | Change | |
| TITLE | | | | | | | | ☐ Addition |
| NAME | | | | | | | | L_] Addition |
| STREET ADDRESS | | | 2.2 N | I | | | | [_] Addition |
| CITY-ST-ZIP | | | 2.3 S | TREET ADDRESS | | | | L_] Addition |
| TITLE . | | | 2.3 S | TREET ADDRESS CITY-ST-ZIP | | | 70 | |
| NAME | | ☐ DELETE | 2.3 S | TREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition |
| STREET ADDRESS | | ☐ DELETE | 2.3 S | TREET ADDRESS CITY-ST-ZIP ITLE | : | | ☐ Change | |
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| CITY_ST_7IP | | ☐ DELETE | 2.3 S 2.4 C 3.1 Ti 3.2 N 3.3 S | TREET ADDRESS CITY-ST-ZIP TITLE TREET ADDRESS | | 5 15 (10 (2 9) 1 2 1 2 1 2 2 3 3 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
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| TITLE NAME | | _ | 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N | TREET ADDRESS DITY-ST-ZIP TREET ADDRESS DITY-ST-ZIP TILE VAME | | | | Addition |
| TITLE NAME STREET ADDRESS | | _ | 2.3 S 2.4 C 3.1 Tl 3.2 N 3.3 S 3.4 C 4.1 Tl 4.2 N 4.3 S | TREET ADDRESS CITY-ST-ZIP ITLE AME TREET ADDRESS CITY-ST-ZIP ITLE VAME TREET ADDRESS | | | | Addition |
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| TITLE NAME STREET ADDRESS | | _ | 23 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 . C 4.1 T 4.2 N 4.3 S 4.4 C 5.1 T 1.2 C 5.1 T | TREET ADDRESS CITY-ST-ZIP TITLE AME TREET ADDRESS CITY-ST-ZIP TITLE VAME TREET ADDRESS ETY-ST-ZIP TITLE TREET ADDRESS | | 9 (18 1) (18 9) - 18 (18 9) (18 9) - 18 (18 9) (18 9) - 18 (18 1) (18 9) | | Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | | ☐ DELETE | 2.3 S 2.4 C 3.1 Tl 3.2 N 3.3 S 3.4 C 4.1 Tl 4.2 N 4.3 S 4.4 C 5.1 Tl 5.2 N | TREET ADDRESS CITY-ST-ZIP TITLE AME TREET ADDRESS CITY-ST-ZIP TITLE VAME TREET ADDRESS ETY-ST-ZIP TITLE TREET ADDRESS | | 9 (18 1) (18 9) - 18 (18 9) (18 9) - 18 (18 9) (18 9) - 18 (18 1) (18 9) | as partir sa lata ng asa . Change . | ☐ Addition |
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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 supplementar 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS