

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

**FILED**  
**Apr 24 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P 970000 55-636**  
 1. Corporation Name  
**TANZI ENTERPRISES INC**

Principal Place of Business Mailing Address  
**4378 CREEK SIDE BLVD. 4378 CREEK SIDE BLVD**  
**KISSIMMEE FL 34746 KISSIMMEE FL 34746.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
 21 **4378 CREEK SIDE BLVD** 26 **4378 CREEK SIDE BLVD**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 **KISSIMMEE FL 34746** 27 **KISSIMMEE FL**  
 City & State City & State  
 24 **34746** 25 **OSCEOLA** 29 **34746** 30 **OSCEOLA**  
 Zip Country Zip Country

3. Date incorporated or Qualified **6/23/97**  
 4. FEI Number **59-3453540** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**SALAUDDIN CHAUDURY**  
**4378 CREEK SIDE BLVD**  
**KISSIMMEE FL 34746.**

10. Name and Address of New Registered Agent  
 81 Name **SALAUDDIN CHAUDURY**  
 82 Street Address (P.O. Box Number is Not Acceptable) **4378 CREEK SIDE BLVD**  
 83  
 84 City **KISSIMMEE FL** 85 Zip Code **34746**

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 **Salauddin Chaudury** DATE **4/14/98**  
Signature: Type the preferred name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | <b>PVTS</b>                  | <input type="checkbox"/> DELETE |
| NAME           | <b>SALAUDDIN CHAUDURY</b>    |                                 |
| STREET ADDRESS | <b>4378 CREEK SIDE BLVD.</b> |                                 |
| CITY-ST-ZIP    | <b>KISSIMMEE FL 34746.</b>   |                                 |
| TITLE          | <b>VIP</b>                   | <input type="checkbox"/> DELETE |
| NAME           | <b>AFROZA CHAUDURY</b>       |                                 |
| STREET ADDRESS | <b>4378 CREEK SIDE BLVD</b>  |                                 |
| CITY-ST-ZIP    | <b>KISSIMMEE FL 34746.</b>   |                                 |
| TITLE          |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                             |  |
|--------------------|-----------------------------|--|
| 1.1 TITLE          | <b>PVTS</b>                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | <b>SALAUDDIN CHAUDURY</b>   |  |
| 1.3 STREET ADDRESS | <b>4378 CREEK SIDE BLVD</b> |  |
| 1.4 CITY-ST-ZIP    | <b>KISSIMMEE FL 34746.</b>  |  |
| 2.1 TITLE          | <b>VIP</b>                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | <b>AFROZA CHAUDURY</b>      |  |
| 2.3 STREET ADDRESS | <b>4378 CREEK SIDE BLVD</b> |  |
| 2.4 CITY-ST-ZIP    | <b>KISSIMMEE FL 34746.</b>  |  |
| 3.1 TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                             |  |
| 3.3 STREET ADDRESS |                             |  |
| 3.4 CITY-ST-ZIP    |                             |  |
| 4.1 TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                             |  |
| 4.3 STREET ADDRESS |                             |  |
| 4.4 CITY-ST-ZIP    |                             |  |
| 5.1 TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                             |  |
| 5.3 STREET ADDRESS |                             |  |
| 5.4 CITY-ST-ZIP    |                             |  |
| 6.1 TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           | <b>500002499225</b>         |  |
| 6.3 STREET ADDRESS | <b>-04/24/98-01032-006</b>  |  |
| 6.4 CITY-ST-ZIP    | <b>***150.00</b>            |  |

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 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.

SIGNATURE: **Salauddin Chaudury** DATE: **4/14/98**  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (10/97)