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 #

1. Corporation Name

P97000072923 (0)

FILED Feb 27 1998 8:00am Secretary of State

E Z SEE, INC.						
Principal Place of Business Mailing Address					—	
1010 S OCEAN BLVD #1604 1010 S OCEAN BLVD #160 POMPANO BEACH FL 33062 POMPANO BEACH FL 3306						
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
A D. San San J. F.	21		N. 17 T.			08/21/1997
2. Principal F	Mailing Address	nating Address		4. FEI Number		
Suite, Apt. #, etc.			28 1010 So OBEAN Blud. Suite, Apt. #, etc.			S8.75 Additional
22			27 # 1604			5. Certificate of Status Desired Fee Required
City & State			City & State			Election Campaign Financing \$5.00 May Be
23		28	POMPANO	0, F2	<u>_</u> .	Trust Fund Contribution Added to Fees
Zip	Country		Zip	Co	intry	8. This corporation owes or has paid the current year Intangible
24	25	29	33062	30 /	PAGE	Personal Property Tax due June 30. Yes No
	g. Name and Address of Curre	nt Regis	tered Agent		21	10. Name and Address of New Registered Agent
RISPOLI, JERRY 81 Name						
1010 S OCEAN BLVD #1604					82 Street Addr	ress (P.O. Box Number is Not Acceptable)
POMPANO BEACH FL 33062					83	
					63	
	•				84 City	85 Zip Code
dd Durounot	to the provisions of Costions CO7 DEC	20 and 60	07 1509 Florida Ctat	doc the e	have pamed core	FL 33 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. I hereby accept the appointment as registered						
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Signature, typod or printed name of registered agr	ent sod tille	if amplicatule (NC	TF: Begistore	d Agent signature requir	rad when rainstating) DATE
12.	OFFICERS AN			13.	a rigorii o griotore requir	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		☐ DELE te	1.1 T	TLE	Change Addition
NAME	RISPOLI, JERRY			1.2 N	AME	
STREET ADDRESS	1010 S OCEAN BLVD #160)4		1.3 \$	TREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 3306	3 2		1.4 0	TY-ST-ZIP	
TITLE			DELETE	2.1 T	TLE	Change Addition
NAME				2.2 N	AME	
STREET ADDRESS				2.3 S	THEET ADDRESS	
CITY-ST-ZIP		<u>-</u>		_	ITY-ST-ZIP	
TITLE			L_] DELETE	3.1 Ts	ſ	Change Addition
NAME				3.2 N		
STREET ADDRESS					REET ADDRESS	
CITY - ST - ZIP TITLE			DELETE		ITY-ST-ZIP	Change Addition
	İ		☐ OETE10	4.1 Ti		CT Outsings CT Mobilion
NAME STREET ADDRESS				4.21	reet address	
					TY-ST-ZIP	
CITY-ST-ZIP TITLE			DELETE	5.1 Ti		Change Addition
NAME				5.2 N		
STREET ADDRESS					REET ADDRESS	
CITY-ST-ZIP					TY-ST-ZIP	
TITLE		 -	DELETE	6.1 TI		☐ Change ☐ Addition
NAME				6.2 N	IME	
STREET ADDRESS				6.3 ST	REET ADDRESS	
CITY-ST-ZIP					TY-ST-ZIP	
14. I hereby o	certify that the information supplied w	ith this fi	ling does not qualify	for the exe	emption stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the information

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 a 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.