

AMOUNT DUE ON OR BEFORE 06/15/99: \$550 IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$700.

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000091451
Corporation Name
EZ2CY OF FLA., INC.

Principal Place of Business
1700 AVENUE L
RIVER BEACH FL 33404

Mailing Address
1700 AVENUE L
RIVER BEACH FL 33404

FILED

99 JUL 27 PM 1:08

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

7/8/99 90022 037 \$150.00

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 10/24/1997		4. FEI Number 65-0792163		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		
7. This corporation owes the current year Intangible Personal Property <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
8. Name and Address of Current Registered Agent LAYCOCK, ROBERT S 1700 AVENUE L RIVER BEACH FL 33404				
9. Name and Address of New Registered Agent				
81 Name				
82 Street Address (P.O. Box Number is Not Acceptable)				
83				
84 City FL 85 Zip Code				

I, 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 607.0605, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11	0 LAYCOCK, ROBERT S 1700 AVENUE L RIVER BEACH FL 33404	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	0 LAYCOCK, MELISSA D 1700 AVENUE L RIVER BEACH FL 33404	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17		7.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18		8.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19		9.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20		10.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE REQUIRED

67-01-99 561-848-8606

ROBERT LAYCOCK

CP2E034 (5/99)

8/3/99

2

EZ2CY OF FLA., INC.
1700 AVENUE L
RIVIERA BEACH, FL 33404

SUBJECT: ANNUAL REPORT
REF. #P97000091451

TO WHOM IT MAY CONCERN:

THIS IS THE SECOND YEAR WE HAVE NOT RECEIVED OUR FIRST NOTICE TO FILE OUR ANNUAL REPORT. WE ONLY RECEIVE THE SECOND NOTICE AT WHICH TIME I CALLED THE DIVISION OF CORPORATIONS AT 1.850.488.9000 AND WAS INSTRUCTED TO SEND IN THE CHECK FOR \$150.00 WITH A LETTER /NOTE STATING WE DID NOT RECEIVE OUR FIRST NOTICE ALONG WITH THE COMPLETED ANNUAL REPORT. I COMPLIED WITH ALL INSTRUCTIONS.

PERHAPES YOU COULD GIVE ME YOUR MODEM PHONE NUMBER SO THAT I MAY PERSONELLY ENTER OUR INFORMATION INTO YOUR SYSTEM. THE STATE OF FLORIDA WOULD THEN HAVE THE CORRECT INFORMATION ON OUR ACCOUNT, MY BOSS WOULD NOT HAVE TO CONCERN HIMSELF WITH THIS MATTER YEARLY AND I CAN GET BACK TO WORK.

AGAIN, I AM WILLING TO DO ANYTHING AT ALL TO ASSISTED THE STATE OF FLORIDA TO RESOLVE THIS CONTINUING PROBLEM.

I AM INCLUDING ALL THE 1999 INFORMATION TO YOU AGAIN TO HELP YOU WITH YOUR ENDEAVORS.

SINCERELY,



SUZANNE GONDRAN
OFFICE MANAGER
1.561.848.8606 - OFFICE
1.561.841.3002 - FAX