

Mar 24, 1999 8:00 am Secretary of State

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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000004934

PAZIAN, INC.

CITY-ST-ZIP

							<u>                                     </u>	
Principal Place	e of Business	Mailing Address						,
770 NE 5TH ST		770 NE 5TH STREET	_					
CRYSTAL RIVER FL 34428 · CRYSTAL RIVER FL 34428			3	DO NO		DO NOT WRITE IN TH	T WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed	<del></del>	
	ut Ne					01/15/1998		
2. Principal Place of Business . 2a. Mailing Address						4. FEI Number	Ap	plied For
21	¬ '					59-3488008	No	t Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75	
22				· • · · · · · · · · · · · · · · · · · ·				
City & Stat	θ	City & State	hy & State		6. Election Campaign Financing \$5.00 May Be			
23	· · · · · · · · · · · · · · · · · · ·	28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip Zip	_	untry		8. This corporation owes the current year	Intangible .	□No
24	25	29	30	<del>,</del>		Personal Property Tax.  10. Name and Address of New Registers		
	9. Name and Address of Curren	nt Registered Agent		81 Nan		TO. MARINE SITE ADDITIONS OF HEW REGISTERS	ra rigora	
PA7	IAN, CRAIG							
770 NE 5TH STREET				82 Stre	Street Address (P.O. Box Number is Not Acceptable)			
CRYSTAL RIVER FL 34428				83				
0111	Olive Investigation			"				
				84 City	-	, ,	85 Zip	Code
			4-0 1000	<u> </u>	nd como	ration submits this distance for the purpose	of changing its	registered
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	of Florida, Such change was.	guthorized	by the co	rporation	ration submits this statement for the purpose i's board of directors. I hereby accept the app	cointment as re	gistered
agent. l a	m familiar with, and accept the obliga	itions of, Section 607.0505, Fi	orida Stat	utes.				
SIGNATURE	•		F. 0			when reinstating) DATE		Ì
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	- Videous adulati	A Indiana	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	D OFFICERS AN	DELETE	117	TLE			☐ Change	Addition
NAME	PAZIAN, STEPHEN E		1.2 N	ALIF			•	
STREET ADDRESS	424%OAKWOOD AVE			TREET ADDRE	58	•		
	LA: CANADA CA 91011-3407			TY-ST-ZIP	~	•		ĺ
CITY-ST-ZIP	DATORITADA DA STUTT DEUT	☐ DELETE	217		<b>4</b> E	C/TREAS	Change	Addition
			22 N	_		RAIG A PAZIAN		
NAME ) STREET ADDRESS	,			TREET ADDRE		1987 W. TIMBERLANE D	RIVE	
					+ 4			
CITY-ST-ZIP TITLE				שת בדי, עדני	I UC			l
NAME		☐ DELETÉ	317	TTY-ST-ZIP	HC	MOSASSA FL 34448	Change	Addition
STREET ADDRESS		DELETÉ		TLE	HC			Addition
a SIRPPLAUDRESS		DELETE	31 Ti 32 N	TLE AMÉ				Addition
ſ		OELETE	31 Ti 32 N 33 S	TLE AMÉ TREET ADORE				Addition
CITY-ST-ZIP		☐ DELETE	31 Ti 32 N 33 S	TLE AMÉ TREET ADORE CITY-ST-ZIP				Addition
CITY-ST-ZIP TITLE			31 TI 32 N 33 S 34 C 4.1 TI	TLE AME TREET ADORE STY-ST-ZIP TLE			Change	
CITY-ST-ZIP TITLE NAME			31Ti 32N 33S 34.0 4.1Ti 4.2N	TLE AMÉ TREET ADORE STY-ST-ZIP TLE IAMÉ	SS		Change	
CITY-ST-ZIP TITLE NAME STREET ADDRESS			31Ti 32N 33S 34.0 4.1Ti 4.2N 4.3S	TILE TREET ADDRE TITY-ST-ZIP TILE TREET ADDRE	SS		Change	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			31Ti 32N 33S 34.0 4.1Ti 4.2N 4.3S	TILE TREET ADORE TITY-ST-ZIP TILE LAME TREET ADORE TTY-ST-ZIP	SS		Change	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	31Ti 32N 33S 34.0 41Ti 4.2N 43S	TREET ADDRESTRY-ST-ZIP TILE IAME TREET ADDRESTRY-ST-ZIP TILE TREET ADDRESTRY-ST-ZIP TILE	SS		☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	31TI 32N 33S 34.0 4.1TI 4.2N 4.3S 4.4 CI 5.1TI 5.2N	TILE  AME  TREET ADDRE  STY-ST-ZIP  TILE  IAME  TREET ADDRE  TTY-ST-ZIP  TILE  AME	SS		☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	31TI 32N 33S 34.C 41TI 4.2N 43S 4ACC 51TI 52N 53S	TILE  AMÉ  TREET ADORE  TILE  IAMÉ  TREET ADORE  TILE  TREET ADORE  TILE  AME  TREET ADORE  TREET ADORE  TREET ADORE	SS		☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	31TI 32N 33S 34.C 41TI 4.2N 4.3S 4.4CI 51TI 52N 53SI 54CI	THE  AMÉ  TREET ADORE SITY-ST-ZIP  THE  TREET ADORE TTY-ST-ZIP  THE  AME  TREET ADORE TTY-ST-ZIP  THE  TREET ADORE TTY-ST-ZIP  THE  TREET ADORE TTY-ST-ZIP	SS		Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	31TI 32N 33S 34C 41TI 42N 43S 44CI 51TI 52N 53S 54CI 61TI	TILE  AMÉ  TREET ADORE  TILE  LAME  TREET ADORE  TILE  AME  TREET ADORE  TREET ADORE	SS		☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	31TI 32N 33S 34.C 41TI 4.2N 43S 44.C 51TI 52N 53SI 54.C 61TI 62N	TILE  AMÉ  TREET ADORE  TILE  LAME  TREET ADORE  TILE  AME  TREET ADORE  TREET ADORE	SS SS SS		Change	Addition

6.4 CITY-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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under early, 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, with all other like empowered.