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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000032992

1. Corporation Name
CAZ-SKI, INC.

Principal Place of Business
 % M.Y. FUTURE
 680 WEST INDUSTRIAL AVE SUITE 4
 BOYNTON BEACH F: 33426

Mailing Address
 POST OFFICE BOX 3993
 LANTANA FL 33465

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/10/1998

4. FEI Number
65-0830784 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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 **337 MELODY LANE**
 Suite, Apt. #, etc.

22
 City & State
 23 **LANTANA FL**

24 Zip **33462** 25 Country **PAIM BCH**

2a. Mailing Address
 26
 Suite, Apt. #, etc.

27
 City & State

28
 Zip **30** Country

9. Name and Address of Current Registered Agent
AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
 81 Name **MARK D. YOHE**
 82 Street Address (P.O. Box Number is Not Acceptable)
c/o M.Y. FUTURE
 83 **680 W INDUSTRIAL AVE #4**
 84 City **BOYNTON BCH** 85 State **FL** 86 Zip Code **33426**

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 Mark D. Yohe **MARK D. YOHE** DATE **03.22.1999**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CASAZZY, MARK R	
STREET ADDRESS	680 WEST INDUSTRIAL AVE. SUITE 4	
CITY-ST-ZIP	BOYNTON BEACH F; 33426	
TITLE	SVD	<input checked="" type="checkbox"/> DELETE
NAME	SCINSCI, THEODORE R	
STREET ADDRESS	680 WEST INDUSTRIAL AVE. SUITE 4	
CITY-ST-ZIP	BOYNTON BEACH F; 33426	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	YOHE, MARK R D	
STREET ADDRESS	680 WEST INDUSTRIAL AVE. SUITE 4	
CITY-ST-ZIP	BOYNTON BEACH F; 33426	
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	P S D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CASAZZA, MARK R.	
1.3 STREET ADDRESS	337 MELODY LANE	
1.4 CITY-ST-ZIP	LANTANA FL 33462-1739	
2.1 TITLE	VP T D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	YOHE, MARK D.	
2.3 STREET ADDRESS	PO BOX 4254	
2.4 CITY-ST-ZIP	BOYNTON BCH FL 33424-4254	
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		
6.3 STREET ADDRESS		
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)(l), 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, with all other like empowered.

SIGNATURE: Mark D. Yohe **MARK D. YOHE - TREAS** DATE **03.22.1999** DAYTIME PHONE # **561-738-2695**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)