2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000066593

1. Entity Name
SBZZ OF ORLANDO, INC.

Principal Place of Business	Mailing Address
190 MORSE BLVD WINTER PARK, FL 32789	C/O BROWN NORRIS 770 LEXINGTON AVE., 5TH FLOOR NEW YORK, NY 10021

07062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2405499
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REINERT, PETER E ESQ
C/O GODBOLD, DOWNING, SHEAHAN, BATAGLIA
222 W. COMSTOCK AVE., SUITE 101
WINTER PARK, FL 32789

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000169279
08/03/04-80001-016 550.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ZECKENDORF, ARTHUR
STREET ADDRESS	770 LEXINGTON AVE.
CITY-ST-ZIP	NEW YORK, NY 10021
TITLE	VP
NAME	ZECKENDORF, WILLIAM L
STREET ADDRESS	770 LEXINGTON AVE.
CITY-ST-ZIP	NEW YORK, NY 10021
TITLE	VP
NAME	SWIG, KENT
STREET ADDRESS	770 LEXINGTON AVE.
CITY-ST-ZIP	NEW YORK, NY 10021
TITLE	VP
NAME	BURRIS, DAVID
STREET ADDRESS	770 LEXINGTON AVE.
CITY-ST-ZIP	NEW YORK, NY 10021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 7/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #