

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0003919

PROFIT CORPORATION ANNUAL REPORT 1999

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

FILED

99 JUN 29 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000084775

1. Corporation Name  
LITZ ENTERPRISES, INC.

Principal Place of Business  
2884 LORIMIER TERR.  
JACKSONVILLE FL 32207

Mailing Address  
2884 LORIMIER TERR.  
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1998

4. FEI Number

59-3533820

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

822 Fountain Drive

84 City  
Amelia Island

FL

85 Zip Code  
32034

2. Principal Place of Business

21 822 Fountain Drive

Suite, Apt. #, etc.

City & State

23 Amelia Island, FL

24 Zip  
32034

Country

2a. Mailing Address

26 822 Fountain Drive

Suite, Apt. #, etc.

City & State

28 Amelia Island, FL

29 Zip  
32034

Country

9. Name and Address of Current Registered Agent

LITZ, RORY P  
2884 LORIMIER TERR.  
JACKSONVILLE FL 32207

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPS

NAME LITZ, RORY P

STREET ADDRESS 2884 LORIMIER TERR.

CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE DVPT

NAME LITZ, SANDRA K

STREET ADDRESS 2884 LORIMIER TERR.

CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath by 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 attached sheet with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (11/98)

We are asking for consideration to waive the late penalty due to unforeseen circumstances. My wife/bookkeeper was in intensive care with heart problems relating to neck surgery prior to that.

Thank you,

A handwritten signature in black ink, appearing to read "Rory Litz", written in a cursive style.

Rory Litz

904-277-4777