

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

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

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	2a. Mailing Address
21 822 Fountain Drive	26 822 Fountain Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Amelia Island, FL	28 Amelia Island, FL
Zip	Zip
24 32034	29 32034
Country	Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LITZ, RORY P
2884 LORIMIER TERR.
JACKSONVILLE FL 32207**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL 32034
83	
84 City	
Amelia Island	

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	<input type="checkbox"/> DELETE
NAME	LITZ, RORY P	
STREET ADDRESS	2884 LORIMIER TERR.	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	DVPT	<input type="checkbox"/> DELETE
NAME	LITZ, SANDRA K	
STREET ADDRESS	2884 LORIMIER TERR.	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	822 Fountain Drive
1.4 CITY-ST-ZIP	Amelia Island, FL 32034
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	822 Fountain Drive
2.4 CITY-ST-ZIP	Amelia Island, FL 32034
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	000002925590-06
4.4 CITY-ST-ZIP	-07/07/99--01076--021
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	****150.00 ****150.00
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)(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 on Block 12 or Block 13 if changed, or on an attached sheet with an address, with all other like empowered.

SIGNATURE: *Rory Litz* **Rory Litz** **904 277 4777**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

0033919

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".

Rory Litz

904-277-4777