


**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90142 025 \*\*\*150.00

|  |   |   |
|--|---|---|
| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b>   |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
| <b>DOCUMENT # P98000085166</b><br>1. Corporation Name<br><b>OZZULA ENTERPRISES, INC.</b> |   |   |



|   |   |
|---|---|
| Principal Place of Business<br>800 COQUINA LANE #105<br>VERO BEACH FL 32963 | Mailing Address<br>800 COQUINA LANE #105<br>VERO BEACH FL 32963 |
|---|---|

DO NOT WRITE IN THIS SPACE

|   |  |   |  |   |                             |  |
|---|--|---|--|---|-----------------------------|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country |  | 2a. Mailing Address<br>26 Suite Apt # etc.<br>27 City & State<br>28 Zip Country |  | 3. Date Incorporated or Qualified<br>10/05/1998   | 4. FEI Number<br>65-0871715 | Applied For<br>Not Applicable  |
| 24  |  | 25  |  | 5. Certificate of Status Desired<br>\$8.75 Additional Fee Required  |                             | 6. Election Campaign Financing<br>Trust Fund Contribution<br>\$5.00 May Be Added to Fees |
| 29  |  | 30  |  | 8. This corporation owes the current year Intangible Personal Property Tax<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             |  |

|   |  |  |  |
|---|--|--|--|
| 9. Name and Address of Current Registered Agent<br>ALUZZO, ROBERT P<br>800 COQUINA LANE #105<br>VERO BEACH FL 32963 |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City FL 85 Zip Code |  |
|---|--|--|--|

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 in printed name of registered agent and date if applicable

NOTE: Registered Agent signature required. When reinstated.

DATE

| 12. OFFICERS AND DIRECTORS |                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                |
|----------------------------|-------------------|---|----------------|
| TITLE                      | 11 TITLE          | 14 CITY-ST-ZIP  | 15 CITY-ST-ZIP |
| NAME                       | 12 NAME           | 16 CITY-ST-ZIP  | 17 CITY-ST-ZIP |
| STREET ADDRESS             | 13 STREET ADDRESS | 18 CITY-ST-ZIP  | 19 CITY-ST-ZIP |
| CITY-ST-ZIP                | 14 CITY-ST-ZIP    | 20 CITY-ST-ZIP  | 21 CITY-ST-ZIP |
| TITLE                      | 22 NAME           | 23 CITY-ST-ZIP  | 24 CITY-ST-ZIP |
| NAME                       | 21 STREET ADDRESS | 25 CITY-ST-ZIP  | 26 CITY-ST-ZIP |
| STREET ADDRESS             | 22 CITY-ST-ZIP    | 27 CITY-ST-ZIP  | 28 CITY-ST-ZIP |
| CITY-ST-ZIP                | 23 CITY-ST-ZIP    | 29 CITY-ST-ZIP  | 30 CITY-ST-ZIP |
| TITLE                      | 31 STREET ADDRESS | 32 CITY-ST-ZIP  | 33 CITY-ST-ZIP |
| NAME                       | 34 CITY-ST-ZIP    | 35 CITY-ST-ZIP  | 36 CITY-ST-ZIP |
| STREET ADDRESS             | 37 CITY-ST-ZIP    | 38 CITY-ST-ZIP  | 39 CITY-ST-ZIP |
| CITY-ST-ZIP                | 38 CITY-ST-ZIP    | 40 CITY-ST-ZIP  | 41 CITY-ST-ZIP |
| TITLE                      | 42 CITY-ST-ZIP    | 43 CITY-ST-ZIP  | 44 CITY-ST-ZIP |
| NAME                       | 43 CITY-ST-ZIP    | 45 CITY-ST-ZIP  | 46 CITY-ST-ZIP |
| STREET ADDRESS             | 44 CITY-ST-ZIP    | 47 CITY-ST-ZIP  | 48 CITY-ST-ZIP |
| CITY-ST-ZIP                | 45 CITY-ST-ZIP    | 49 CITY-ST-ZIP  | 50 CITY-ST-ZIP |
| TITLE                      | 51 CITY-ST-ZIP    | 52 CITY-ST-ZIP  | 53 CITY-ST-ZIP |
| NAME                       | 52 CITY-ST-ZIP    | 54 CITY-ST-ZIP  | 55 CITY-ST-ZIP |
| STREET ADDRESS             | 53 CITY-ST-ZIP    | 56 CITY-ST-ZIP  | 57 CITY-ST-ZIP |
| CITY-ST-ZIP                | 54 CITY-ST-ZIP    | 58 CITY-ST-ZIP  | 59 CITY-ST-ZIP |
| TITLE                      | 55 CITY-ST-ZIP    | 60 CITY-ST-ZIP  | 61 CITY-ST-ZIP |
| NAME                       | 56 CITY-ST-ZIP    | 62 CITY-ST-ZIP  | 63 CITY-ST-ZIP |
| STREET ADDRESS             | 57 CITY-ST-ZIP    | 64 CITY-ST-ZIP  | 65 CITY-ST-ZIP |
| CITY-ST-ZIP                | 58 CITY-ST-ZIP    | 66 CITY-ST-ZIP  | 67 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; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-99

(561) 234-8957

CR2E034 (11/98)