FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

S01813

NUZUM ENTERPRISES, INC.

Principa!	Pace	of	Business	

Mailing Address

338 NORTH ORANGE AVENUE ORLANDO FL 32801

338 NORTH ORANGE AVENUE ORLANDO FL 32801



						 Date incorporated or Qualified 09/19/1990 	I .	of Last F	
, Principal Place of Business		2a, Mailing Addre	ss.			4, FEI Number			Applied For
1	of Ettin 1000	26				59-3030143			Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #,	etc.			5. Certificate of Status Desired			5 Additional Required
City & State		City & State	<u> ~</u>			Election Campaign Financing Trust Fund Contribution		·	00 May Be ad to Fees
Zib	Country	Zφ	Cou	untry		a. This corporation has liability for		x under s	199.032,
:1	25	29	30				No □ No	A	
	9. Name and Address of Curr	ent Registered Agent		81	Name	10. Name and Address of New I	registered .	Agent	·
338 NO	ELINA P IRTH ORANGE AVENUE			82		iress (P.O. Box Number is Not Accepta	ble)		
ORLANI	DO FL 32801			63					
				84	City		FI	85 Z	ip Code
	10-10-10-10-10-10-10-10-10-10-10-10-10-1	00 and 007 1500 Florida	Ptotutos the ob		omed core	pration submits this statement for the pu		anning its	registered office
or registered familiar with	d agent, or both, in the State of Flo i, and accept the obligations of, Sc	orida. Such change was a ection 607.0505, Florida S	authorized by the Statutes.	corpo	oration's boa	ard of directors. I hereby accept the app	oontment as	registere	d agent. I am
	typudure typed or proted name of registered ag		<u>-</u>	d Agen	t signature requir	ed when reinstating)	DATE	DIDECT	000 IN 10
12.		AND DIRECTORS	13.	TITLE		ADDITIONS/CHANGES TO OF		Change	
I, IE	PTSD	בַן זינני					Ļ		
AME	NUZUM, LARRY W		1	VAME	LE DESCO				
THEET ADDRESS	3283 MONTE CARLO DR				ADDRESS				
CTY-SI-ZIF	THOUSAND OAKS CA 9			ITY-S	T-ZIP			7 Change	☐ Addition
HLF		DELE		TITLE			·		D yearion
AME				NAME	***************************************				
JREET ADDRESS					ADDRESS				
11Y - ST - ZIF		DELE		TITLE	1-ZIP			Change	Addition
dt!		[] bec		NAME					
IAME					ADDRESS				
TREET ADDRESS					1				
HIV-SI-ZIP HLE		[] DELE		CITY-5 TITLE	1-ZIP			Change	Addition
			1	NAME			•		_
NAME	•				ADDRESS				•
D'HEET ADDRESS				CITY-S					
DIY-S1-ZIF		□ DEL1		TITLE			1	Change	Addition
AME		<u> </u>		NAME			•	-	
STREET ADDRESS					ADDRESS				
				CITY-S					
11Y - \$1 - 2.F		□ DELI		TITLE				☐ Change	Addition
1AME		_		NAME	Ì		•	-	
STREET ADDRESS					ADDRESS				
			1	DITY-S					
0/1Y-51-Z/P 14 Ldo hereby	certify that the information supplie	ed with this filing is volunt	arily furnished and	dob h	e not qualify	for the exemption stated in Section 11	9.07(3)(k), Fk	orida Stat	utes. I further
certify that	the information indicated on this a ani an officer or director of the co Block 12 or Block 13 if chillinged,	nnual report or suppleme rooration or the receiver	ntai annuai repon or trustee empow	is tru ered	ue and accul to execute t	rate and that my signature shall have th his report as required by Chapter 607,	e same lega Florida Statu	effect as tes; and t	if made under that my name

oath; that I am an officer or director of appears in Block 12 or Block 13 if of