


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90023 002 ***150.00

DOCUMENT # S22470 1. Entity Name TZ PROPERTIES NO. 216, INC.					
Principal Place of Business 245 N OCEAN BLVD #304 DEERFIELD BEACH, FL 33441			Mailing Address 245 N OCEAN BLVD #304 DEERFIELD BEACH, FL 33441		
2. Principal Place of Business 2400 WHISPERING OAKS LANE Suite, Apt. #, etc.		3. Mailing Address 109 N. BRIDGE STREET Suite, Apt. #, etc. ADMINISTRATIVE OFFICE			
City & State DELRAY BEACH, FL		City & State ELATON, MD		4. FEI Number 65-0247140	
Zip 33483		Country PALM BEACH		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZISKIND, STEPHEN 245 NORTH OCEAN BLVD DEERFIELD BEACH, FL 33441		7. Name and Address of New Registered Agent Name: STEPHEN A. ZISKIND Street Address (P.O. Box Number is Not Acceptable): 2400 WHISPERING OAKS LANE City: DELRAY BEACH, FL Zip Code: 33483			
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: <i>[Signature]</i> DATE: 1/26/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZISKIND, STEPHEN 245 NORTH OCEAN BLVD DEERFIELD BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT STEPHEN A. ZISKIND 2400 WHISPERING OAKS LANE DELRAY BEACH, FL 33483	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/26/05 410-392-0177 <small>Date Daytime Phone #</small>		