

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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S47001 (0)
1. Corporation Name
R S MIZAR, INC.

Principal Place of Business 2512 N.E. 4TH AVE. POMPANO BEACH FL 33064	Mailing Address 2512 N.E. 4TH AVE. POMPANO BEACH FL 33064
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1106 N. "G" STREET Suite, Apt. #, etc. 22 SUITE B City & State 23 LAKE WORTH, FL Zip 24 33460		2a. Mailing Address 25 1106 N. "G" STREET Suite, Apt. #, etc. 26 SUITE B City & State 27 LAKE WORTH, FL Zip 28 33460		3. Date Incorporated or Qualified 04/19/1991	
2. Principal Place of Business 21 1106 N. "G" STREET Suite, Apt. #, etc. 22 SUITE B City & State 23 LAKE WORTH, FL Zip 24 33460		2a. Mailing Address 25 1106 N. "G" STREET Suite, Apt. #, etc. 26 SUITE B City & State 27 LAKE WORTH, FL Zip 28 33460		4. FEI Number 65-0262137	
2. Principal Place of Business 21 1106 N. "G" STREET Suite, Apt. #, etc. 22 SUITE B City & State 23 LAKE WORTH, FL Zip 24 33460		2a. Mailing Address 25 1106 N. "G" STREET Suite, Apt. #, etc. 26 SUITE B City & State 27 LAKE WORTH, FL Zip 28 33460		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
2. Principal Place of Business 21 1106 N. "G" STREET Suite, Apt. #, etc. 22 SUITE B City & State 23 LAKE WORTH, FL Zip 24 33460		2a. Mailing Address 25 1106 N. "G" STREET Suite, Apt. #, etc. 26 SUITE B City & State 27 LAKE WORTH, FL Zip 28 33460		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
2. Principal Place of Business 21 1106 N. "G" STREET Suite, Apt. #, etc. 22 SUITE B City & State 23 LAKE WORTH, FL Zip 24 33460		2a. Mailing Address 25 1106 N. "G" STREET Suite, Apt. #, etc. 26 SUITE B City & State 27 LAKE WORTH, FL Zip 28 33460		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent NELSON, ORIS L 2512 N.E. 4TH AVE. POMPANO BEACH FL 33064		10. Name and Address of New Registered Agent 81 Name SAME 82 Street Address (P.O. Box Number is Not Acceptable) 1106 N "G" STREET 83 STE B 84 City LAKE WORTH FL 85 Zip Code 33460	
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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:  ORIS L. NELSON President 4/14/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	NELSON, ORIS L	1.2 NAME	
STREET ADDRESS	308 FRANKLIN ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	1.4 CITY-ST-ZIP	
TITLE	STV	2.1 TITLE	
NAME	MOMENT, NORMAN J	2.2 NAME	
STREET ADDRESS	2841 N.E. 3RD STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33064	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	NELSON, ORIS	3.2 NAME	
STREET ADDRESS	308 FRANKLIN ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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; 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.

SIGNATURE:  ORIS L. NELSON President 4/14/98 561 540 5815

CR2E034 (10/97)