

DOCUMENT # S54999

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 23 PM 12:50

601512



DO NOT WRITE IN THIS SPACE

1. Entity Name
JZ CORP.

Principal Place of Business
616 S.E. 19TH STREET
FT LAUDERDALE FL 33316

Mailing Address
333 SUNSET DRIVE
APT. #702
FT LAUDERDALE FL 33301-2655

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0274349**

Applied For
Not Applicable

Zip Country

Zip Country

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZULLO, JOHN C
333 SUNSET DRIVE
APT. 702
FT LAUDERDALE FL 33301

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** Delete
NAME **ZULLO, JOHN C**
STREET ADDRESS **333 SUNSET DR. APT 702**
CITY-ST-ZIP **FT LAUDERDALE FL 33301**

Change Addition

TITLE **VPD** Delete
NAME **ZULLO, JAMIE**
STREET ADDRESS **1749 N.W. 38TH STREET**
CITY-ST-ZIP **FT LAUDERDALE FL 33309**

Change Addition
000003148990--9
-02/28/00--01024--015

TITLE **SD** Delete
NAME **NEMEC, MARIE, ZULLO**
STREET ADDRESS **333 SUNSET DRIVE APT 702**
CITY-ST-ZIP **FT LAUDERDALE FL 33301**

Change Addition
*****150.00**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. John Zullo, President Date: 1/10/00 (954) 467-1574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)