

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra L. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S63271** (8)

1. Corporation Name

MAZZA-SMITH STUDIO OF PERFORMING ARTS, INC.



Principal Place of Business

**4150 HERSCHEL ST.
JACKSONVILLE FL 32210-2244**

Mailing Address

**4150 HERSCHEL ST.
JACKSONVILLE FL 32210-2244**

2. Principal Place of Business

2a. Mailing Address

21 Street, Apt. #, etc.

26 Street, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

**MAZZA, SHERRI A
4150 HERSCHEL ST
JACKSONVILLE FL 32210**

3. Date Incorporated or Qualified

06/26/1991

3a. Date of Last Report

01/20/1995

4. FET Number

59-3071049

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, 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 607.0503, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

Signature of Registered Agent (Print Name and Title)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME: **PVD MAZZA, SHERRI A.** ☐ DELETE
2. STREET ADDRESS: **4150 HERSCHEL ST.**
3. CITY-STATE-ZIP: **JACKSONVILLE FL**
4. NAME: ☐ DELETE
5. STREET ADDRESS: ☐ DELETE
6. CITY-STATE-ZIP: ☐ DELETE
7. NAME: ☐ DELETE
8. STREET ADDRESS: ☐ DELETE
9. CITY-STATE-ZIP: ☐ DELETE
10. NAME: ☐ DELETE
11. STREET ADDRESS: ☐ DELETE
12. CITY-STATE-ZIP: ☐ DELETE
13. NAME: ☐ DELETE
14. STREET ADDRESS: ☐ DELETE
15. CITY-STATE-ZIP: ☐ DELETE

1. TITLE: ☐ Change ☐ Addition
2. NAME: ☐ Change ☐ Addition
3. STREET ADDRESS: ☐ Change ☐ Addition
4. CITY-STATE-ZIP: ☐ Change ☐ Addition
5. TITLE: ☐ Change ☐ Addition
6. NAME: ☐ Change ☐ Addition
7. STREET ADDRESS: ☐ Change ☐ Addition
8. CITY-STATE-ZIP: ☐ Change ☐ Addition
9. TITLE: ☐ Change ☐ Addition
10. NAME: ☐ Change ☐ Addition
11. STREET ADDRESS: ☐ Change ☐ Addition
12. CITY-STATE-ZIP: ☐ Change ☐ Addition
13. TITLE: ☐ Change ☐ Addition
14. NAME: ☐ Change ☐ Addition
15. STREET ADDRESS: ☐ Change ☐ Addition
16. CITY-STATE-ZIP: ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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. 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:

Sherrri A. Mazza **Sherrri A. MAZZA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-96

904-388-4838

DATE

PHONE NUMBER

CR2E034 (12/95)