

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

DOCUMENT # S79268 (6)

1. Corporation Name

RANDZ ASSOCIATES, INC.

95 MAY -1 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**4000 WASSEE CT
ORLANDO FL 32818
US**

Mailing Address

**4000 WASSEE CT
ORLANDO FL 32818
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/06/1991

3a. Date of Last Report

05/26/1994

2. Principal Place of Business

21 352 W. HORNBEAM DR

2a. Mailing Address

26 352 W. HORNBEAM DR

4. FEI Number

65-0287333

Applied For

☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23 LONGWOOD FL

City & State

28 LONGWOOD FL

6. Election Campaign Financing

Trust Fund Contribution

☐

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

Zip

Country

Zip

Country

24 32779

25 SEMINOLE

29 32779

30 SEMINOLE

8. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RANDAZZO, MARIE
4000 WASSEE CT
ORLANDO FL 32818**

81 Name

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

352 W. HORNBEAM DR.

83

84 City

LONGWOOD

FL

85 Zip Code

32779

11. Pursuant to the provisions of Sections 607.0503 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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

Marie Randazzo

4/27/95

DATE

12. OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when registering)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

NAME

RANDAZZO, BENEDETTO

STREET ADDRESS

4000 WASSEE CT.

CITY - ST - ZIP

ORLANDO FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**352 W. HORNBEAM DR
LONGWOOD FL 32779**

☐ Change ☐ Addition

TITLE

ST

NAME

RANDAZZO, MARIE

STREET ADDRESS

4000 WASSEE CT.

CITY - ST - ZIP

ORLANDO FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**352 W. HORNBEAM DR
LONGWOOD FL 32779**

☐ Change ☐ Addition

TITLE

V

NAME

RANDAZZO, JEFFREY

STREET ADDRESS

750 WOLF CREEK CT

CITY - ST - ZIP

APOPKA FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

595 MARTIN PL. BLVD.

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do 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 indicated on this annual report or biennial 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 executor or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on any attachment with an address.

SIGNATURE:

Marie Randazzo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95

DATE

407-682-2736

TELEPHONE #