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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V10800

(3)

ARZIG, INC.

Principal Place of Business Mailing Address								
1382 HOWLAND BLVD 107 LAKE GERTIE RD 134 DELAND FL 32720-2219 US								
US		03	03				ate of Last R	eport
					01/30/1992	05	/01/1996	
<b>2.</b> Principal =-	Place of Business	2a. Mailing Address			4. FEI Number		<b>→</b>	plied For
<u> </u>		26			59-3104005			t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.				\$8.75 / Fee Re	Additional equired
City & St	ate	City & State			6. Election Campaign Financing		\$5.00	
1	Country		Count	be. 4	Trust Fund Contribution	<u>니</u>	<del></del>	to Fees
Ζφ 4]			30	u y	8. This corporation has liability for intangible tax under s. 199.032.  Florida Statutes			
i.l	9. Name and Address of C	urrent Registered Agent		10. Name and Address of New Registered Agent				
RE	SNICK, ZONAGALE		8	1 Name				
107 LAKE GERTIE RD				2 Street A	Address (P.O. Box Number is Not Accept	table)		
DE	ELAND FL 32720		ä	3				
			ā	4 City			BS Zip	Code
						FL	. 1	
office of agent I					corporation submits this statement for the oration's board of directors. I hereby acc	pare	pointment as	registered
12.			13.	Igent signature	required when reinstating)  ADDITIONS/CHANGES TO OF		DIDECTOR	C 1N 12
12. 1116	D	DELETE	1.1 TOTA	. 1	ADDITIONS/CHANGES TO OF	TOENS AND	Change	Addition
NAME	RESNICK, ARNOLD J.		1,2 NAM	J				
nnovi. STREET AUDRESS				ET ADDRESS	•			
017Y-\$1-7P	DELAND FL			-ST-ZIP				
TIT, F	D	DELETE	21 1111				Change	Addition
NAME	RESNICK, ZONAGALE		2 2 NAM	E [			_ •	
STREET ADDRESS			2.3 STRE	ET ADDRESS	e e			
C:TY - ST - ZIP	DELAND FL		2 4 CITY	- ST- ZIP	'			
TITLE		☐ DELETE 3:					Change	Addition
NAME			3.2 NAM	£		47.	t.	
STREET ADDRESS	•		7.2 0700	ET ADDRESS	•			
a militarione ac	\$		3.3 3 INC	ET ADDRESS				
CHY-SI-ZIP	5			- ST - ZIP		,		
	5	DELETE		(-\$1-ZIP			☐ Change	Addition
CITY - ST - ZIP	S	DELETE	3.4. CITY	/-\$T-ZIP		,,,	Change	Addition

14. I do hereby certify that the information supplied with this fiting 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 eath; 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 an an attachment with an address.

6.4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

SIGNATURE:

QITY-\$1-ZIP

STREET ADDRESS

STREET ADDRESS

COTY-S1-ZIP

CITY-ST ZiP

HILE NAME

1441

hAMI

DELETE

DELETE

2/4/47 904-136-174/ Dayline Proce #

Change

Change

Addition

Addition

**FILED** 

Apr 08 1997 8:00am

Secretary of State

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