

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V19778** (2)

1. Corporation Name

JAMES VAZZANA, INC.



Principal Place of Business

**2800 NE 10 TERRACE
WILTON MANORS FL 33334
US**

Mailing Address

**2800 NE 10 TERRACE
WILTON MANORS FL 33334
US**

3. Date Incorporated or Qualified
03/09/1992

3a. Date of Last Report
08/14/1995

2. Principal Place of Business

2a. Mailing Address

21 **WILTON MANORS**

26 **2800 NE 10 TERR. 33334**

4. FEI Number

65-0316009

Applied For

Not Applicable

22 **2800 NE 10 TERR.**

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23 **WILTON MANORS FLA.**

28 **WILTON MI**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

24 **33334**

25 **U.S.A**

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VAZZANA, JAMES
2800 NE 10 TERR
WILTON MANORS FL 33334**

OX

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 607.1508, 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

Signature, type or print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **VAZZANA, JAMES**
STREET ADDRESS **2800 NE 10 TERRACE**
CITY-ST-ZIP **WILTON MANORS FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

1.2 NAME

TITLE ☐ DELETE

1.3 STREET ADDRESS

TITLE ☐ DELETE

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

2.2 NAME

TITLE ☐ DELETE

2.3 STREET ADDRESS

TITLE ☐ DELETE

2.4 CITY-ST-ZIP

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6.2 NAME

TITLE ☐ DELETE

6.3 STREET ADDRESS

TITLE ☐ DELETE

6.4 CITY-ST-ZIP

TITLE ☐ DELETE

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 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: *James Vazzana*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96 95A-565-8868
Date Daytime Phone #

CR2E034 (12/95)