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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPAR

## Katheris

Secretary DIVISION OF C

## DOCUMENT # V19778

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ne Harris	Mar 16, 1999 8:00 am
y of State	Secretary of State
ORPORATIONS	Secretary of State
	03-16-1999 90134 029 ***150.00

1. Corporation					
JAMES V	/AZZANA, INC.				
	•				110)
Principal Place	of Business	Mailing Address			OFATY BIRKY BIRKY BIRKY BYRKY IND.
WILTON MANOF		2800 NE 10 TERRACE			
2800 NE 10 TEF		WILTON MANORS FL 33334			
WILTON MANOR	RS FL 33334	us		DO NOT WRITE IN THI	S SPACE
US				3. Date Incorporated or Qualifed	
- 5: 1 15	(D)	O. Mailian Address		03/09/1992 4. FEI Number	Applied For
	ace of Business	2a. Mailing Address		65-0316009	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
City & State	9 .	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country_	Zip	Country	8. This corporation owes the current year In	ntangible
24	25		30	Personal Property Tax.	¥Yes □No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Registered	d Agent
VA77	ZANA, JAMES		81 Name		
	NE 10 TERR		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	ON MANORS FL 33334		83		
			84 City	F	85 Zip Code
11 · Pursuant f	to the provisions of Sections 607 050:	2 and 607 1508. Florida Statutes	s, the above-named cor	rporation submits this statement for the purpose of	of changing its registered
office or re	edistered agent, or both, in the State	of Florida, Such change was autions of Section 607 0505. Florida	thorized by the corporation	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appearance of the statement of the purpose of tion's board of directors.	ointment as registered
agent, i ar	arialiai with, and accept the obligat	HOLD OF COCCUPIT OF LOOSE, FISH	da Cialolos.	31-60	ŕ
CLONIATURE	/ Am	TANDE VA	フスタンター	5/17/79	
SIGNATURE	Signature, typed or printed name of registered agen	JAMES VAT	ZZANA Registered Agent signature requi		
SIGNATURE	OFFICERS AN	nt and title if applicable. (NOTE: F D DIRECTORS	Registered Agent signature requi	ired when reinstating)  ADDITIONS/CHANGES TO OFFICERS A	
	PD OFFICERS AN	nt and title if applicable. (NOTE: F	13. 1.1 TITLE		AND DIRECTORS IN 12  Change Addition
12. TITLE NAME	PD OFFICERS AN VAZZANA, JAMES	nt and title if applicable. (NOTE: F D DIRECTORS	13. 1.1 TITLE 1.2 NAME		
12.  TITLE  NAME  STREET ADDRESS	PD VAZZANA, JAMES 2800 NE 10 TERRACE	nt and title if applicable. (NOTE: F D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OFFICERS AN VAZZANA, JAMES	nt and title if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD VAZZANA, JAMES 2800 NE 10 TERRACE	nt and title if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME		☐ Change ☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD VAZZANA, JAMES 2800 NE 10 TERRACE	nt and title if applicable. (NOTE: F	Registered Agent signature requi 13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS		☐ Change ☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD VAZZANA, JAMES 2800 NE 10 TERRACE	nt and title if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME		☐ Change ☐ Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	PD VAZZANA, JAMES 2800 NE 10 TERRACE	It and title if applicable. (NOTE: F	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME		☐ Change ☐ Addition ☐ Change ☐ Addition
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12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE	PD VAZZANA, JAMES 2800 NE 10 TERRACE	It and title if applicable. (NOTE: F D DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition  Change Addition  Change Addition
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12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS	PD VAZZANA, JAMES 2800 NE 10 TERRACE	In and We if applicable. (NOTE: F D DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS A	Change Addition  Change Addition  Change Addition
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14. 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 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 in changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE**