

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

**FILED**  
**May 09 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** 532278  
 1. Corporation Name: **ZOTZ GARAGE, INC.**

Principal Place of Business: **1781 Semoran Blvd**  
 Winter Park, Fla 32192

Mailing Address: **1781 Semoran Blvd**  
 Winter Park, Fla 32192

21. Principal Place of Business: <b>Same</b>	2a. Mailing Address: <b>Same</b>
22. City & State:	27. City & State:
23. Zip:	28. Zip:
24. Country:	29. Country:

3. Date Incorporated or Qualified: <b>01-01-88</b>	3a. Date of Last Report: <b>1996</b>
4. FEI Number: <b>59-2714041</b>	Applied For: <input type="checkbox"/>
5. Certificate of Status Desired: <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

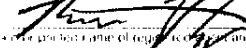
**9. Name and Address of Current Registered Agent**

**Bon ZITZA**  
 1781 Semoran Blvd  
 Winter Park, Fla 32192

**10. Name and Address of New Registered Agent**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City: <b>FL</b>
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 and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:  DATE: **4/28/97**

**12. OFFICERS AND DIRECTORS**

TITLE: <b>Pres./Director</b>	<input type="checkbox"/> DELETE
NAME: <b>Bon ZITZA</b>	
STREET ADDRESS: <b>1781 Semoran Blvd</b>	
CITY- ST- ZIP: <b>Winter Park, FL 32192</b>	
TITLE: <input type="checkbox"/> DELETE	
NAME:	
STREET ADDRESS:	
CITY- ST- ZIP:	
TITLE: <input type="checkbox"/> DELETE	
NAME:	
STREET ADDRESS:	
CITY- ST- ZIP:	
TITLE: <input type="checkbox"/> DELETE	
NAME:	
STREET ADDRESS:	
CITY- ST- ZIP:	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME:
1.3 STREET ADDRESS:
1.4 CITY- ST- ZIP:
2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY- ST- ZIP:
3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY- ST- ZIP:
4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY- ST- ZIP:
5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY- ST- ZIP:
6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY- ST- ZIP:

**600002185986**  
**-05/21/97--01007--014**  
**\*\*\*165.00**

*RW 5-9-97*

14. I do 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 provided 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:  DATE: **4/28/97** DAYTIME PHONE #: **407-678-6789**

CR2E034 (9/96)