

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 18 PM 10:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 826796 (5)**

1. Corporation Name  
**ZENEA INC.**

Principal Place of Business

Mailing Address

ATTN: SECRETARY'S DEPT.  
1800 CONCORD PIKE  
WILMINGTON DE 19897  
US

P.O. BOX 751  
SECRETARY'S DEPARTMENT  
WILMINGTON DE 19897  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/22/1971** 3a. Date of Last Report **02/07/1994**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
**51-0112320**

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 **P. O. Box 15438**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22 City & State

27 **Secretary's Dept.**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 Zip

Country

28 **Wilmington DE**

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

24 Zip

Country

29 **19850-5438**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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

Signatures, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>CD</b>
NAME	<b>WILLARD, A. K</b>
STREET ADDRESS	<b>1800 CONCORD PIKE</b>
CITY- ST- ZIP	<b>WILMINGTON DE</b>
TITLE	<b>VGSD</b>
NAME	<b>ENGELMANN, GLENN M</b>
STREET ADDRESS	<b>1800 CONCORD PIKE</b>
CITY- ST- ZIP	<b>WILMINGTON DE</b>
TITLE	<b>VD</b>
NAME	<b>BLACK, ROBERT C.</b>
STREET ADDRESS	<b>1800 CONCORD PIKE</b>
CITY- ST- ZIP	<b>WILMINGTON DE</b>
TITLE	<b>VD</b>
NAME	<b>KENNEDY, ROBERT T</b>
STREET ADDRESS	<b>1800 CONCORD PIKE</b>
CITY- ST- ZIP	<b>WILMINGTON DE</b>
TITLE	<b>VD</b>
NAME	<b>WOODS, R.A.</b>
STREET ADDRESS	<b>1800 CONCORD PIKE</b>
CITY- ST- ZIP	<b>WILMINGTON DE</b>
TITLE	<b>VSD</b>
NAME	<b>ZIERLIN, L.K.</b>
STREET ADDRESS	<b>NEW MURPHY RD&amp;CONCORD PK</b>
CITY- ST- ZIP	<b>WILMINGTON DE</b>

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Delete</b>
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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)(b), 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 in an attachment with an address.

SIGNATURE:

*Ann V. Booth-Barbarin*

(302) 886-3091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Ann V. Booth-Barbarin Assistant Secretary**

Date

Anytime After 8