

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **852207** (0)
1. Corporation Name
ZODIAC OF NORTH AMERICA, INC.



Principal Place of Business: **P.O. BOX 400 STEVENSVILLE MD 21666**
Mailing Address: **P.O. BOX 400 STEVENSVILLE MD 21666**

3. Date Incorporated or Qualified: **03/16/1982**
3a. Date of Last Report: **03/14/1995**
4. FEI Number: **52-0906929**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. **THOMPSON CREEK ROAD**
22. **STEVENSVILLE MD**
23. **21666 USA**
2a. Mailing Address
26. **PO BOX 400**
27. **STEVENSVILLE MD**
28. **21666 USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST, SUITE 105
TALLAHASSEE FL 32301**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

11. TITLE	P	<input type="checkbox"/> DELETE
12. NAME	MARIE, JEAN-JACQUES	
13. STREET ADDRESS	THOMPSON CREEK RD	
14. CITY-STATE-ZIP	STEVENSVILLE MD 21666	
15. TITLE	ST	<input checked="" type="checkbox"/> DELETE
16. NAME	CARMEL, ANDRE	
17. STREET ADDRESS	6651 E. 26TH ST	
18. CITY-STATE-ZIP	LOS ANGELES CA 90040	
19. TITLE		<input type="checkbox"/> DELETE
20. NAME		
21. STREET ADDRESS		
22. CITY-STATE-ZIP		
23. TITLE		<input type="checkbox"/> DELETE
24. NAME		
25. STREET ADDRESS		
26. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME	HOWARD T. FRENCH	
13. STREET ADDRESS	THOMPSON CREEK ROAD	
14. CITY-STATE-ZIP	STEVENSVILLE MD 21666	
15. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME		
17. STREET ADDRESS		
18. CITY-STATE-ZIP		
19. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME		
21. STREET ADDRESS		
22. CITY-STATE-ZIP		
23. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME		
25. STREET ADDRESS		
26. CITY-STATE-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)(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. 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: *Howard French* 1/17/96 410-643-4141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/TELEPHONE

CR2E034 (12/95)