

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

FILED
Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

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



Principal Place of Business THOMPSON CREEK RD. STEVENSVILLE MD 21666 US	Mailing Address P.O. BOX 400 STEVENSVILLE MD 21666-0400
---	--

3. Date Incorporated or Qualified 03/16/1982	3a. Date of Last Report 01/26/1996
--	--

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
---	--

4. FEI Number 52-0906929	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS ST, SUITE 105
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
 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: *Howard French*
 Signature, typed or printed 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 P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARIE, JEAN-JACQUES		1.2 NAME	
STREET ADDRESS THOMPSON CREEK RD		1.3 STREET ADDRESS	
CITY-ST-ZIP STEVENSVILLE MD 21666		1.4 CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRENCH, HOWARD T.		2.2 NAME	
STREET ADDRESS THOMPSON CREEK RD		2.3 STREET ADDRESS	
CITY-ST-ZIP STEVENSVILLE MD		2.4 CITY-ST-ZIP	
TITLE Inside Director	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Maurice Pinault		3.2 NAME	
STREET ADDRESS 540 Thompson Creek Rd.		3.3 STREET ADDRESS	
CITY-ST-ZIP Stevensville, MD 21666		3.4 CITY-ST-ZIP	
TITLE Outside Director	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME George R. Worthington		4.2 NAME	
STREET ADDRESS 540 Thompson Creek Rd.		4.3 STREET ADDRESS	
CITY-ST-ZIP Stevensville, MD 21666		4.4 CITY-ST-ZIP	
TITLE Outside Director	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Charles H. Pitman		5.2 NAME	
STREET ADDRESS 540 Thompson Creek Rd.		5.3 STREET ADDRESS	
CITY-ST-ZIP Stevensville, MD 21666		5.4 CITY-ST-ZIP	
TITLE Outside Director	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME William R. Foley		6.2 NAME	
STREET ADDRESS 540 Thompson Creek Rd.		6.3 STREET ADDRESS	
CITY-ST-ZIP Stevensville, MD 21666		6.4 CITY-ST-ZIP	

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 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: *Howard French*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **1/7/97** Daytime Phone #: **410-643-4141**

CR2E034 (9/96)