

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

**FILED**  
**Jan 28 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/16/1982</b>	
21	26	4. FEI Number <b>52-0906929</b>		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC.</b> <b>1201 HAYS ST, SUITE 105</b> <b>TALLAHASSEE FL 32301</b>				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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<b>MARIE, JEAN-JACQUES</b>	1.2 NAME	
STREET ADDRESS	<b>THOMPSON CREEK RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STEVENSVILLE MD 21666</b>	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRENCH, HOWARD T.</b>	2.2 NAME	
STREET ADDRESS	<b>THOMPSON CREEK RD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STEVENSVILLE MD</b>	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PINAULT, MAURICE</b>	3.2 NAME	
STREET ADDRESS	<b>540 THOMPSON CREEK ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STEVENSVILLE MD</b>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WORTHINGTON, GEORGE R</b>	4.2 NAME	
STREET ADDRESS	<b>540 THOMPSON CREEK RD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STEVENSVILLE MD</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PITMAN, CHARLES H.</b>	5.2 NAME	
STREET ADDRESS	<b>540 THOMPSON CREEK RD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STEVENSVILLE MD</b>	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOLEY, WILLIAM R.</b>	6.2 NAME	
STREET ADDRESS	<b>540 THOMPSON CREEK RD.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STEVENSVILLE MD</b>	6.4 CITY-ST-ZIP	

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 if changed, or on an attachment with an address.

**SIGNATURE:** *Howard T. French* **REQUIRED**

Date: **1/21/98** Daytime Phone #: **410-643-4141**

CR2E034 (10/97)