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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

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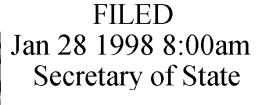
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ZODIAC OF NORTH AMERICA, INC.

rincipal Place of Business	Mailing Address

THOMPSON CREEK RD.

P.O. BOX 400





STEVENSVILLE MD 21666 STEVENSVILLE MD 21666 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/16/1982 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 52-0906929 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST, SUITE 105 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 84 City 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 tamillar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and little it applicable (NOTE, Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE MARIE, JEAN-JACQUES NAME 1.2 NAME THOMPSON CREEK RD STREET ADDRESS 1.3 STREET ADDRESS STEVENSVILLE MD 21666 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE FRENCH, HOWARD T. 2.2 NAME THOMPSON CREEK RD. STREET ADDRESS 2.3 STREET ADDRESS STEVENSVILLE MD City - St - ZIP 2. 4 CITY - ST - ZIP TITLE DELETE Change \_\_\_ Addition PINAULT, MAURICE 3.2 NAME **540 THOMPSON CREEK ROAD** STREET ADDRESS 3.3 STREET ADDRESS STEVENSVILLE MD CITY - ST - ZIP 3.4. CITY - ST - ZIP TITLE DELETE Change Addition WORTHINGTON, GEORGE R 4. 2 NAME 540 THOMPSON CREEK RD. STREET ADDRESS 4.3 STREET ADDRESS STEVENSVILLE MD CITY-ST-ZIP 4.4 City-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME PITMAN, CHARLES H. 5.2 NAME 540 THOMPSON CREEK RD. STREET ADDRESS 5.3 STREET ADDRESS STEVENSVILLE MD CITY - ST - ZIP 5.4 CITY-ST-ZIP DÉLETE Addition Change TITLE 6.1 TITLE FOLEY, WILLIAM R. 6.2 NAME NAME 540 THOMPSON CREEK RD. STREET ADORESS 6.3 STREET ADDRESS STEVENSVILLE MD CITY - ST - ZIP 6.4 CITY - ST-ZIP

14. I hereby certify that the information supplied with this filling 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 it 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:

SIGNATU

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