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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

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



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: 03/16/1982
 4. FEI Number: 52-0906929
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 7. This corporation owes the current year Intangible Personal Property Tax: Yes 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 (81-85)
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code: **FL**

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	MARIE, JEAN-JACQUES	
STREET ADDRESS	THOMPSON CREEK RD	
CITY-ST-ZIP	STEVENSVILLE MD 21666	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	FRENCH, HOWARD T.	
STREET ADDRESS	THOMPSON CREEK RD.	
CITY-ST-ZIP	STEVENSVILLE MD	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PINAULT, MAURICE	
STREET ADDRESS	540 THOMPSON CREEK ROAD	
CITY-ST-ZIP	STEVENSVILLE MD	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WORTHINGTON, GEORGE R	
STREET ADDRESS	540 THOMPSON CREEK RD.	
CITY-ST-ZIP	STEVENSVILLE MD	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PITMAN, CHARLES H.	
STREET ADDRESS	540 THOMPSON CREEK RD.	
CITY-ST-ZIP	STEVENSVILLE MD	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FOLEY, WILLIAM R.	
STREET ADDRESS	540 THOMPSON CREEK RD.	
CITY-ST-ZIP	STEVENSVILLE MD	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: _____ DATE: _____ DAYTIME PHONE #: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)