

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90103 001 *2,550.00

DOCUMENT # F00000005667

1. Entity Name
Z&L ACQUISITION CORP.

Principal Place of Business C/O BENJAMIN P. BUTTERFIELD 1403 FOULK ROAD, SUITE 102 WILMINGTON DE 19803	Mailing Address 20 NORTH ORANGE AVENUE, SUITE 200 ORLANDO FL 32801
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 51-0374238	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input type="checkbox"/> Delete
NAME	STEWART, GORDON W	
STREET ADDRESS	1201 MARKET STREET, SUITE 1700	
CITY-ST-ZIP	WILMINGTON DE 19801	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STRAUSS, THOMAS M	
STREET ADDRESS	1105 N. MARKET STREET, 13TH FLOOR	
CITY-ST-ZIP	WILMINGTON DE 19801	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BUTTERFIELD, BENJAMIN P	
STREET ADDRESS	20 NORTH ORANGE AVE., SUITE 200	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	CLARK, JACQUEL K	
STREET ADDRESS	20 NORTH ORANGE AVE., SUITE 200	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	AT	<input type="checkbox"/> Delete
NAME	ZEPF, J. STEPHEN	
STREET ADDRESS	20 NORTH ORANGE AVE., SUITE 200	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Benjamin P. Butterfield 1-16-01 407-841-4755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)