

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

**FILED**  
**May 05 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F13440 (5)**  
 1. Corporation Name  
**ZANADU, INC.**



Principal Place of Business <b>3145 5TH AVENUE NORTH                  P O BOX 14004                  ST PETERSBURG FL 33733</b>	Mailing Address <b>3145 5TH AVENUE NORTH                  P O BOX 14004                  ST PETERSBURG FL 33733-4004</b>
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3. Date Incorporated or Qualified <b>01/02/1981</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2074635</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b> <b>25</b>	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b> <b>30</b>
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**9. Name and Address of Current Registered Agent**  
**GRIMES, A GENE**  
**3145 5TH AVENUE NORTH**  
**ST. PETERSBURG FL 33733**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DICKEY, FRANK</b>	
STREET ADDRESS	<b>608 MAGNOLIA DR</b>	
CITY- ST- ZIP	<b>CLEARWATER, FL 33526</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FORDE, BARRY V</b>	
STREET ADDRESS	<b>631 CHESTNUT ST</b>	
CITY- ST- ZIP	<b>CLEARWATER, FL 33516</b>	
TITLE	<b>MC</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ZEISLER, EARLE S</b>	
STREET ADDRESS	<b>13240 BELCHER RD</b>	
CITY- ST- ZIP	<b>LARGO, FL 33516</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KIGGINS, ANTHONY C.</b>	
STREET ADDRESS	<b>P.O. BOX 1983, NA</b>	
CITY- ST- ZIP	<b>LARGO FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>GRIMES, A GENE</b>	
STREET ADDRESS	<b>3145 5TH AVE NORTH</b>	
CITY- ST- ZIP	<b>ST PETERSBURG, FL 33733</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

**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 checked="" type="checkbox"/> Addition
5.2 NAME	<b>PSD</b>
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>200002170682</b>
6.3 STREET ADDRESS	<b>-05/08/97--01008--034</b>
6.4 CITY- ST- ZIP	<b>***165.00</b>

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:** \_\_\_\_\_ **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)