

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000016138 (8)

1. Corporation Name
ZOOMEE GRAPHICS INC.



Principal Place of Business: 1373 S BELCHER ROAD BLDG E LARGO FL 34641
Mailing Address: 1373 S BELCHER ROAD BLDG E LARGO FL 34641

3. Date Incorporated or Qualified: 02/26/1993
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3169546
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. Country

9. Name and Address of Current Registered Agent
NOLEN, TIMOTHY
1373 S BELCHER ROAD BLDG E
LARGO FL 34641

10. Name and Address of New Registered Agent
81. Name: NOLEN TIMOTHY
82. Street Address (P.O. Box Number is Not Acceptable): 6980 83 AVE N
83. Pinellas Park, FL
84. City: Pinellas Park, 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		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JENSEN, SHANNON	
STREET ADDRESS	9261 54 ST NORTH	
CITY - ST - ZIP	PINELLAS PARK FL 34666	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	NOLEN, TIMOTHY	
STREET ADDRESS	3717 46 AVE S	
CITY - ST - ZIP	ST PETERSBURG FL 33711	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	JENSEN, SHANNON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	4000 LEXINGTON CT	
1.3 STREET ADDRESS	LARGO, FL 34641	
1.4 CITY - ST - ZIP		
2.1 TITLE	Nolen Timothy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	6980 83 AVE N	
2.3 STREET ADDRESS	PINELLAS PARK, FL	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Shannon B Jensen* SHANNON B Jensen 4-25-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)