

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # P94000090777 (1)

1. Corporation Name
Z-02, INC.

95 APR -6 AM 10: 06

Principal Place of Business: **1225 MOSELLE AVE., SUITE 24 ORLANDO FL 32807**
Mailing Address: **1225 MOSELLE AVE., SUITE 24 ORLANDO FL 32807**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/15/1994**
3a. Date of Last Report

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

4. FBI Number: **59-3298042**
Applied For Not Applicable
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. 109.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**SHUFFIELD, W. CHARLES
315 E. LIVINGSTON STREET
SUITE 600
ORLANDO FL 32801**

10. Name and Address of New Registered Agent
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: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|------------------------------------|
| TITLE | D |
| NAME | MOADY, SAID |
| STREET ADDRESS | 1225 MOSELLE AVE., SUITE 24 |
| CITY - ST - ZIP | ORLANDO FL 32807 |
| TITLE | D |
| NAME | BOULE, ARTHURA E JR. |
| STREET ADDRESS | 618 TUSCARORA TRAIL |
| CITY - ST - ZIP | MAITLAND FL 32751 |
| TITLE | D |
| NAME | GIBSON, JANE S |
| STREET ADDRESS | 1414 KUHLE AVENUE |
| CITY - ST - ZIP | ORLANDO FL 32808 |
| TITLE | |
| 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 checked="" type="checkbox"/> Addition |
| 4.2 NAME | S |
| 4.3 STREET ADDRESS | TOM BINFORD |
| 4.4 CITY - ST - ZIP | 426 E HIGHWAY 434 WINTER SPRING FL 32708 |
| 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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *S. Moady* SAID MOADY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR-395 407-3812940
DATE