

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000090777 (1)**

1. Corporation Name
Z-92, INC.



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

3. Date Incorporated or Qualified: **12/15/1994**
3a. Date of Last Report: **04/06/1995**
4. FEI Number: **59-3298042**
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: **3670 DERBYSHIRE RD SUITE 208 CASSELBERRY, FL 32707 SEMINOLE**
2a. Mailing Address: **3670 DERBYSHIRE RD SUITE 208 CASSELBERRY, FL 32707 SEMINOLE**

9. Name and Address of Current Registered Agent: **SHUFFIELD, W. CHARLES 315 EAST ROBINSON STREET SUITE 600 ORLANDO FL 32801**
10. Name and Address of New Registered Agent: **3670 DERBYSHIRE RD CASSELBERRY, FL 32707**

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 607.0506, Florida Statutes.

SIGNATURE: _____ (Type or print name of registered agent and then apply date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: MOADY, SAID	1.1 TITLE: <input type="checkbox"/> DELETE	1.2 NAME: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1225 MOSELLE AVE., SUITE 24	CITY-ST-ZIP: ORLANDO FL 32807	1.3 STREET ADDRESS: 3670 DERBYSHIRE RD	1.4 CITY-ST-ZIP: CASSELBERRY, FL 32707
TITLE: D	NAME: BOULE, ARTHUR A JR.	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 618 TUSCARORA TRAIL	CITY-ST-ZIP: MAITLAND FL 32751	2.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: GIBSON, JANE S	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1414 KUHLE AVENUE	CITY-ST-ZIP: ORLANDO FL 32806	3.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S	NAME: BINFORD, TOM	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 426 E HIGHWAY 434	CITY-ST-ZIP: WINTER SPRINGS FL	4.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	5.2 NAME: D KAREN SHUFFIELD
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	5.3 STREET ADDRESS: 2307 LAKESIDE DR	5.4 CITY-ST-ZIP: ORLANDO, FL 32803
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	6.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: S. Moady SAID MOADY APR 12 96 407-2606471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Digitized Phone #

CR2E034 (12/95)