

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 19 1997 8:00am  
 Secretary of State

|   |   |   |
|---|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # F66862 (6)**  
 1. Corporation Name  
**THE LOADING ZONE, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>6708 W. FLAMINGO WAY SOUTH<br/>SOUTH PASADENA FL 33707</b> | Mailing Address<br><b>6708 W. FLAMINGO WAY SOUTH<br/>SOUTH PASADENA FL 33707</b> |
|--|--|

DO NOT WRITE IN THIS SPACE

|   |                  |                         |                  |   |  |
|---|------------------|-------------------------|------------------|---|--|
| 2. Principal Place of Business                  |                  | 2a. Mailing Address     |                  | 3. Date Incorporated or Qualified<br><b>02/11/1982</b>  | 3a. Date of Last Report<br><b>05/30/1996</b>           |
| 21. Suite, Apt. #, etc.                         | 22. City & State | 26. Suite, Apt. #, etc. | 27. City & State | 4. FEI Number<br><b>59-2268703</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 23. Zip   | 25. Country      | 29. Zip                 | 30. Country      | 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required                  |
| 24. <b>33772</b>                                |                  | 28. <b>SEMINOLE, FL</b> |                  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                     |
| 9. Name and Address of Current Registered Agent |                  |                         |                  | 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

**9. Name and Address of Current Registered Agent**  
**MLOTKOWSKI, BERNETTA**  
**6708 W. FLAMINGO AVE.**  
**SOUTH PASADENA FL 33707**

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

|  |
|--|
| 81. Name   |
| 82. Street Address (P.O. Box Number is Not Acceptable) |
| 83. City   |
| 84. State <b>FL</b>                                    |
| 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          | <b>PSTD</b>                    | <input type="checkbox"/> DELETE |
| NAME           | <b>MLOTKOWSKI, EDDIE M</b>     |                                 |
| STREET ADDRESS | <b>7448 17TH LANE, N.E.</b>    |                                 |
| CITY-ST-ZIP    | <b>ST. PETERSBURG FL 33702</b> |                                 |
| 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          | <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 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 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]* **9/18/97** **813 391 7016**

CP2E034 (4/97)