SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1996.
AMOUNT DUE ON OR BEFORE 8/0/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 22 AM 8:43

DOCUMENT # 351078 (1)

1. Corporation Name

ZIP SLIDES, INC.

Principal Place of Business	Mailing Address
5542 KINGSWOOD DRIVE ORLANDO FL 32810	5542 KINGSWOOD DRIVE ORLANDO FL 32810

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/20/1969
3a. Date of Last Report: 03/24/1994

2. Principal Place of Business
21: 1830 Long Pond Drive
22: Suite, Apt. #, etc.
23: City & State: Longwood
24: Zip: 32779
25: Country: Seminole

2a. Mailing Address
26: 1830 Long Pond Drive
27: Suite, Apt. #, etc.
28: City & State: Longwood
29: Zip: 32779
30: Country: Seminole

4. FEI Number: 59-1270340 ☐ 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. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KLINE,RONALD E
5542 KINGSWOOD DR
ORLANDO FL 32810

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1830 Long Pond Drive
83
84 City: Longwood FL 85 Zip Code: 32779

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: Mary Kline — Mary Kline — 6-19-95
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	☒ Change ☐ Addition	
NAME	KLINE,RONALD E	12 NAME		
STREET ADDRESS	5542 KINGSWOOD	13 STREET ADDRESS	1830 Long Pond Drive	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	Longwood, FL 32779	
TITLE	S	21 TITLE	☒ Change ☐ Addition	
NAME	KLINE,MARY W	22 NAME		
STREET ADDRESS	5542 KINGSWOOD	23 STREET ADDRESS	1830 Long Pond Drive	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	Longwood, FL 32779	
TITLE	D	31 TITLE	☐ Change ☐ Addition	
NAME	KLINE,MARY W.	32 NAME		
STREET ADDRESS	5542 KINGSWOOD	33 STREET ADDRESS	1830 Long Pond Drive	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	Longwood, FL 32779	
TITLE	V	41 TITLE	☐ Change ☐ Addition	
NAME	AYLER, KONNIE	42 NAME		
STREET ADDRESS	3814 SHADY GROVE CIR.	43 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP		
TITLE		51 TITLE	☐ Change ☐ Addition	
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	☐ Change ☐ Addition	
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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: Mary Kline — Mary Kline — 6-19-95 — 407-333-9235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0134624 FP