

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 # 351078 (1)

1. Corporation Name  
ZIP SLIDES, INC.



Principal Place of Business Mailing Address  
1830 LONG POND DRIVE 1830 LONG POND DRIVE  
LONGWOOD FL 32779 LONGWOOD FL 32779  
US US

3. Date Incorporated or Qualified 08/20/1969 3a. Date of Last Report 06/22/1995  
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

2. Principal Place of Business 2a. Mailing Address  
21 150 Atlantic Dr 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Fern Park, FL 28 Zip Country  
24 32730 25 USA 29 30

9. Name and Address of Current Registered Agent

KLINE, RONALD E  
1830 LONG POND DRIVE  
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City 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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME D KLINE, RONALD E  
STREET ADDRESS 1830 LONG POND DRIVE  
CITY - ST - ZIP LONGWOOD FL  
TITLE ☐ DELETE  
NAME S KLINE, MARY W  
STREET ADDRESS 1830 LONG POND DRIVE  
CITY - ST - ZIP LONGWOOD FL  
TITLE ☐ DELETE  
NAME D KLINE, MARY W.  
STREET ADDRESS 1830 LONG POND DRIVE  
CITY - ST - ZIP LONGWOOD FL  
TITLE ☐ DELETE  
NAME V AYLER, KONNIE  
STREET ADDRESS 3814 SHADY GROVE CIR.  
CITY - ST - ZIP ORLANDO FL  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME Kline, Konnie  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE ☐ Change ☐ 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: Mary Kline  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96 407-333-9235  
Date Daytime Phone #

CR2E034 (12/95)