FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 351078 ZIP SLIDES, INC.

(1)

FILED Feb 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					- I TODI OD ALITH TEATH AND HAD BEEN A LOUD AND A BEEN A	BIBULBURU BIBU BIBU BURU 1001
150 ATLANTIC DR. FERN PARK FL 32730 US		1830 LONG POND DRIVE LONGWOOD FL 32778 US		DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualified 08/20/1969	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21 26		26	<u> </u>		59-1270340	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27	♦		5. Certificate of Glatos Desired	Fee Required
City & State 23		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Coun	try	8. This corporation owes or has paid the	current year Intangible
24	26	[29]	30		Personal Property Tax due June 30.	Yes No
121	9. Name and Address of Currer	nt Registered Agent		14 Blass	10. Name and Address of New Registere	ed Agent
(ACMAC) (IOIA/CD C				Name		
1830 LONG POND DRIVE LONGWOOD FL 32779			1	Street Add	ress (P.O. Box Number is Not Acceptable)	
	NGWOOD PL 32//9		-	13		
				<u> </u>		
			1	City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a office or registered agent, or both, in the State of Florida. Such change was authorize agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Sta				by the cornoral	poration submits this statement for the number	of changing its registered
_	m tamiliar with, and accept the oblig	ations of, Section 607.0505, Fig	orida Statu	les.		
SIGNATURE	Signature, typod or printed name of registered age	ril and the if applicable (NOT	E Fingistered	Agent signature requi	red when reinstating) DATE	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITL			☐ Change ☐ Addition
NAME	KLINE,RONALD E		1.2 NAN	ΙĒ		Į;
STREET ADDRESS	1830 LONG POND DRIVE		1.3 STA	ET ADDRESS		ļi
CITY-ST-ZIP	LONGWOOD FL S	DELETE		- ST- ZIP		
TITLE	KLINE,MARY W	L_1 Detent	2.1 TITL			Change Addition
NAME Street address	1830 LONG POND DRIVE		2.2 NAM	-		
CITY-ST-ZIP	LONGWOOD FL			ET ADDRESS		
TITLE			3 1 Till	/-\$T-ZIP		☐ Change ☐ Addition
NAME	KLINE,MARY W.	32				
STREET ADDRESS	1830 LONG POND DRIVE		- 8	ET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL			r-ST-ZIP		
TITLE	V	DELETE	4.1 TITL			Change Addition
NAME	KLINE, KONNIE		4 2 NAM	(E		i
STREET ADDRESS	3814 SHADY GROVE CIR.		4 3 STRI	ET ADDRESS		1
CITY-ST-ZIP	ORLANDO FL		4.4 City	-ST-ZIP		
TITLE		☐ DELETE	51 TITL	i		Change Addition
NAME			5.2 NAM			
STREET ADDRESS				FT ADDRESS		
CITY-ST-ZIP TITLE		DELETE		-ST-ZIP		Change Addition
NAME			6.1 TITLE 6.2 NAME			Change Addition
STREET ADDRESS						
				ET ADDRESS		
14. I hereby o	ertify that the information supplied w	ith this blue does not qualify to	6.4 CITY		Section 119.07(3)(i), Florida Statutes, Lifurther	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 eath; 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: