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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

| 1   | UAL REPORT<br>1997  |  | Secretary of State  DIVISION OF CORPORATIONS |                     |                   | Secretary of State   |  |                            |  |
|---|---|--|--|---------------------|-------------------|--|--|----------------------------|--|
| 1   | MENT # 51051<br>zo's of america, inc.                                       | 7 (6)  |  |                     |                   | a chanal ann be chàin dhàidh dèidh bealt seol  | n Jedna okla okla okla okla okla okla okla okl   | <b>818</b> 14 <b>136</b> 1 |  |
| Principal Place % G. BRANDI 2413 W. COLC ORLANDO FL | ONIAL DR.   |  | ~  |                     |                   |  |  |                            |  |
|   |   |  |  | ···                 |                   | 3. Date Incorporated or Qualified 06/10/1976   | 3a. Date of Last R<br>05/01/1996                 |                            |  |
| 2. Principal I                                      | Place of Business   | 2a. Mailing Addre                                      | \$ <b>5</b>                                  |                     |                   | 4. FEI Number<br>59-1688152  | }  | optied For ot Applicable   |  |
| Suite, Apt  | #, etc  | Suite, Apt. #, e                                       | etc.   |                     | <del></del>       | 5. Certificate of Status Desired   | \$8.75   |                            |  |
| 22  |   | 27   |  |                     |                   | Certificate of Status Desired  | Fee Re   |                            |  |
| City & Sta  | ate   | City & State   |  |                     |                   | 6. Election Campaign Financing Trust Fund Contribution                               | \$5.00<br>Added 1                                |                            |  |
| Zip   | Country   | Zip  |  | ountry              | <del>/</del>      | 8. This corporation has liability for  |  |                            |  |
| 24  | 25 29   |  |  |                     |                   | Florida Statutes Yes No  |  |                            |  |
|   | 9. Name and Address of Cui  | rrent Registered Agent                                 |  | 81                  | Name              | 10. Name and Address of New Ro   | egistered Agent                                  |                            |  |
|   | ANDT, GARY  |  |  |                     |                   |  |  |                            |  |
| 2413 W. COLONIAL DR.<br>ORLANDO FL 32804            |   |  |  | 82 Street Ad        |                   | dress (P.O. Box Number is Not Accepta  | ble)   | į                          |  |
| Un  | LANDO LE 35004  |  |  | 63                  | <del> </del>      |  |  |                            |  |
|   |   |  |  | 84                  | City              |  | <b>85</b> Zip (                                  | Code                       |  |
|   |   |  |  |                     | FL III            |  |  |                            |  |
| 11. Pursuani<br>office or                           | t to the provisions of Sections 607.<br>registered agent, or both, in the S | 0502 and 607.1508, Florid tate of Florida. Such chance | a Statutes, the                              | abov<br>zed b       | e-named co        | orporation submits this statement for the ration's board of directors. I hereby acce | purpose of changing it<br>opt the appointment as | s registered registered    |  |
| agorit I  | am familiar with, and accept the ol   | oligations of, Section 607.0                           | 505, Florida S                               | tatute              | <b>S</b> .        | •  |  | 1                          |  |
| SIGNATURE   | 5 gnature, typed or primed name of registerer                               | d agent and little if applicable.                      | (NOTE: Regist                                | ered Ag             | ent signature rec | guired when reinstating)   | DATE   |                            |  |
| 12.   |   | AND DIRECTORS  | 1;   |                     |                   | ADDITIONS/CHANGES TO OFFI  | CERS AND DIRECTOR                                | IS IN 12                   |  |
| TITLE   | PD  | ☐ DEL  | ETE 1,1                                      | TITLE               |                   |  | Change   | Addition                   |  |
| NAME  | BRANDT, GARY  |  | 1.3  | NAME                |                   |  |  |                            |  |
| STREET ADDRESS                                      | (   |  | 1  |                     | ADDRESS           |  |  | İ                          |  |
| CiTY - ST - ZIP                                     | ORLANDO FL  | ☐ DEL  |  | CITY-S              | ST-ZIP            |  | Change   | Addition                   |  |
| TOLE<br>NAME  | SD<br>BRANDT, CAROL   | L.,) U.  |  | ) TITLE<br>? NAME   |                   | Pa   | , , La Change                                    |                            |  |
| STREET ADDRESS                                      |   |  |  |                     | T ADDRESS         |  |  | }                          |  |
| CITY-ST ZIP   | ORLANDO FL  |  | <b></b>                                      |                     | ST-ZIP            | ·<br>  |  |                            |  |
| TITLE   | 0,000,000   | ☐ D£I  |  | TITLE               | <u> </u>          |  | Change   | Addition                   |  |
| NAME  |   |  | 3.2  | NAME                | ł                 |  |  | l                          |  |
| STREET ADDRESS                                      |   |  | 3.5  | STREE               | T ADDRESS         |  |  |                            |  |
| CITY ST-712   |   |  |  | I. CITY-            | ST-ZIP            |  |  |                            |  |
| भार   |   | DEL  |  | TITLE               | ſ                 |  | Change   | Addition                   |  |
| NAME  |   |  |  | 2 NAME              | - 1               |  |  |                            |  |
| STREET ADDRESS                                      |   |  |  |                     | T ADDRESS         | r.   |  | ł                          |  |
| CHY-SI-ZIP<br>TIBLE                                 |   | ☐ OE   |  | 4 CITY-:<br>1 TITLE | DI-AP             |  | ☐ Change   | Addition                   |  |
| NAME  |   | L-1 VI.  |  | NAME                |                   | •  |  |                            |  |
| STREET ADDRESS                                      |   |  |  |                     | T ADDRESS         |  |  | ļ                          |  |
| City-St-ZiF   |   |  |  | 4 CITY -            |                   |  |  |                            |  |
| TITLE   |   | DEI  |  | 1 TITLE             |                   |  | Change   | Addition                   |  |
| NAME  |   |  | 6.3  | 2 NAME              |                   | •  |  | ]                          |  |
| STREET ADDRESS                                      | • ]   |  |  |                     | T ADDRESS         |  |  | ĺ                          |  |
| CITY - \$1 - 7(P                                    | I   |  | 6.   | CDY-                | ST. 7IP           |  |  |                            |  |

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:** 

**FILED** 

Apr 28 1997 8:00am

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