

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED
Sep 17, 1998 8:00 am
Secretary of State

DOCUMENT # 517519 (5)
 1. Corporation Name
P. ZEULI & SONS INVESTMENTS, INCORPORATED



Principal Place of Business: WIMBLEDON DR, BOX 2211, LAKE MARY FL 32746
 Mailing Address: 3830 WIMBLEDON, P.O. BOX 2211, LAKE MARY FL 32746, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 3830 Wimbledon Dr.
 2a. Mailing Address: 3830 Wimbledon Dr.
 City & State: Lake Mary, FL
 Zip: 32746, Country: Seminola

3. Date Incorporated or Qualified: 11/01/1976
 4. FEI Number: 59-1716705
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: FITTS, ALBERT N, 210 NORTH PARK AVE, EDWARDS BLDG, SANFORD FL

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input type="checkbox"/> DELETE	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 3830 WIMBLEDON DR.		1.2 NAME:	
CITY-ST-ZIP: LAKE MARY FL		1.3 STREET ADDRESS:	
TITLE: ST	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP:	
TITLE: ZEOLI, PATRICK		2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 3830 WIMBLEDON DR.		2.2 NAME:	
CITY-ST-ZIP: LAKE MARY FL		2.3 STREET ADDRESS:	
TITLE:	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP:	
TITLE:		3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:		3.2 NAME:	
CITY-ST-ZIP:		3.3 STREET ADDRESS:	
TITLE:	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP:	
TITLE:		4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:		4.2 NAME:	
CITY-ST-ZIP:		4.3 STREET ADDRESS:	
TITLE:	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP:	
TITLE:		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:		5.2 NAME:	
CITY-ST-ZIP:		5.3 STREET ADDRESS:	
TITLE:	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP:	
TITLE:		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:		6.2 NAME:	
CITY-ST-ZIP:		6.3 STREET ADDRESS:	
		6.4 CITY-ST-ZIP:	

14. I 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: *Patrick Zeuli* 9/8/98
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/98)