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Secretary of State

04-09-1999 90004 042 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 720451

1. Corporation Name

Z A P T INC.

541935 - 90323 - 3

Principal Place of Business

445 WEST 13TH ST.
APOPKA FL 32703

Mailing Address

445 WEST 13TH ST.
APOPKA FL 32703

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	927 S. Central Ave. Apopka, Fla.	26	927 S. Central Apopka, Fl. 32703	03/08/1971	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Apopka, Fla. 327		27 Apopka, Fla.		NOT APPLICABLE	
City & State		City & State		Applied For	
23 Zip		28 32703		Not Applicable	
Country		Country		5. Certificate of Status Desired	
25 Orange		30 U.S.A.		<input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				Trust Fund Contribution	

8. Name and Address of Current Registered Agent

PRINCE, ALMEDIA
445 WEST 13TH ST.
APOPKA FL 32703

10. Name and Address of New Registered Agent

81	Name	Joyce Justice
82	Street Address (P.O. Box Number is Not Acceptable)	5164 Barnegat Pt. Rd.
83	City	Orlando, Fla.
84	State	FL
85	Zip Code	32703

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Joyce Justice (Secy) Joyce Justice DATE 5/1/99

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	Secy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRINCE, ALMEDIA		1.2 NAME	Joyce Justice	
STREET ADDRESS	445 W 13TH ST		1.3 STREET ADDRESS	5164 Barnegat Point Rd.	
CITY-ST-ZIP	APOPKA FL 32703		1.4 CITY-ST-ZIP	Orlando, Fla. 32703	
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS, DAISY		2.2 NAME		
STREET ADDRESS	DAISY LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL 32703		2.4 CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, ROSE		3.2 NAME		
STREET ADDRESS	1388 CENTRAL AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL 32703		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYNN, BERNICE		4.2 NAME		
STREET ADDRESS	110 EAST 15TH ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL 32703		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, MARGARET		5.2 NAME		
STREET ADDRESS	109 CELESTE ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL 32703		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joyce Justice

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/99 (407) 889-7855

Date Daytime Phone

CR2E037 (1/198)