FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 AUG 31 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
4-D & Z, INC.

DOCUMENT #
F12049 **(5)**

Mailing Address
~~1218 SAN JOSE~~
~~HOLLY HILL FL 32117-2431~~

Principal Place of Business
~~1218 SAN JOSE~~
~~HOLLY HILL FL 32117-2431~~

REINSTATEMENT 94-98 AD

DO NOT WRITE IN THIS SPACE

If above address are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address
21 840 Arroyo Parkway
Suite, Apt. #, etc.
22 Ormond Beach
City & State
23 FL
Zip
24 32174
Country
25 Volusia

2a. Principal Place of Business
26 840 Arroyo Parkway
Suite, Apt. #, etc.
27 Ormond Beach
City & State
28 FL
Zip
29 32174
Country
30 Volusia

3. Date Incorporated or Qualified
12/18/1980

3a. Date of Last Report
07/30/1993

4. FEI Number
NOT APPLICABLE
[ ] 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

7. Nonprofit Exempt from $138.75 Supplemental Fee [ ]

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

KELLEY, DAVID
1218 SAN JOSE
HOLLY HILL FL 32017

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 or 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 607.0505 or 617.0503, Florida Statutes.

SIGNATURE David Kelley DATE 8-28-98
(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS

1.1 TITLE	P/D
1.2 NAME	KELLEY, KATHLEEN
1.3 STREET ADDRESS	840 ARROYO PARKWAY
1.4 CITY-ST-ZIP	ORMOND BEACH FL
2.1 TITLE	V/D
2.2 NAME	KELLEY, DEAN
2.3 STREET ADDRESS	1205 JAMES TERRACE
2.4 CITY-ST-ZIP	DAYTONA BEACH FL
3.1 TITLE	S/T/D
3.2 NAME	LOPEZ, DARLENE
3.3 STREET ADDRESS	1223 LINDA LANE
3.4 CITY-ST-ZIP	HOLLY HILL FL
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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***1350.00 ***1350.00

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 release the Division of Corporations from any liability of non compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kathleen Kelley Kathleen Kelley 8-28-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #