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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

F13440 DOCUMENT #

1. Corporation Name

(5)

ZANADU, INC.



incipal Place of I								
incipal Flace of t	Business	Mailing Address						
3145 5TH AVE		3145 5TH AVENUE   P O BOX 14004	NORTH					
P O BOX 1400 ST PETERSBU		ST PETERSBURG F	33733	Date Incorporated or Qualified				
SI PETERSOU	na rt 30/30				<ol> <li>Date Incorporated or Qualified 01/02/1981</li> </ol>	3a. Dat	05/01/	1995
		2a. Mailing Address			4. FEI Number			Applied For
Principal Place	of Business	26 Naming Address			59-2074635			Not Applicable
		Suite, Apt. #, etc.			5. Certificate of Status Desired		<b>*</b> • • •	5 Additional
Suite, Apt. #, 6	erc.	27			5. Certificate of Status Desired		Fee	e Required
City & State		City & State			6. Election Campaign Financing			<b>00</b> May Be
Oily & State		28			Trust Fund Contribution			ied to Fees
Zip	Country	Zip	Countr	ý	8. This corporation has liability for	intangible '	tax under	s 199.032,
	25	29	30		Florida Statutes	No No	Acent	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New F	registered	Agent	
			8					
GRIMES,	, A GENE		8:	Street Addr	ress (P.O. Box Number is Not Acceptal	ble)		
3145 5T	H AVENUE NORTH							<del></del>
ST. PETI	ersburg fl 33733		8:	3				
			В	4 City			85	Zip Code
					eration submits this statement for the pa and of directors. I hereby accept the app	F		
			arri riegini ci -	Security Additional transfer of	district redshifting	DATE	IO DIDEC	CT DAL SOZAT
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Too nereby certry that the information supplied with this tiling is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 or an attachment with an address.

SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR

813-323-8818

CR2E034 (12/95)